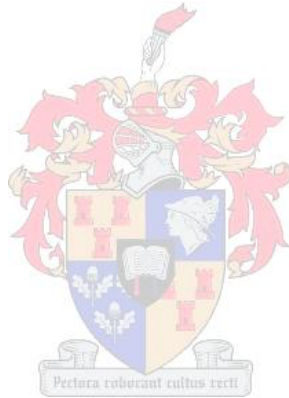


Exploring drawing as a tool for externalising and re-authoring conversations with children who have experienced trauma

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*Thesis presented in fulfilment of the requirements for the degree of
Master of Educational Psychology in the Faculty of Education
at Stellenbosch University*

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

November 2016

ABSTRACT

Given the high rates of abuse, violence, crime, life-threatening diseases and accidents in South Africa, the experience of trauma is a reality faced by a sobering number of youths in our country. Due to the various maladaptive and lifelong implications of unresolved trauma, there is a dire need to address trauma experienced by our youth in a way that is both accessible and effective. Narrative therapy in the resolution of trauma, avoids re-traumatisation and 'victimhood', and rather focuses on generating self-agency in response to trauma. The use of expressive arts in the resolution of trauma, proposes that creative expression can aid individuals in expressing elements of their traumatic experience, which youths typically find difficult or are unwilling to express verbally. Realising the possible benefits of both approaches, this study sought to explore the use of drawings integrated into a narrative approach to the resolution of trauma, as experienced by youths. This qualitative study took place within a high school setting in an underprivileged community in the Western Cape, marked by high rates of crime and violence. The study followed a phenomenological design where five participants engaged with drawing while talking about their experiences of trauma through externalising and re-authoring conversations. It was found that all the participants initially held problem-saturated narratives dominated by the 'victimhood' of trauma. Through the approach, participants were able to discover their values; special abilities and goals for the future which allowed them to develop preferred stories of self-agency in the face of trauma – which in turn enhanced the development of self-efficacy in the participants. These transformations took place in a relatively short amount of time, which could have a positive influence on the resolution of trauma within a South African context, where psychological support services are vastly limited. Four participants found no direct value in the drawing component of the process and explained this according to having a preference for verbal communication and that they felt that they could not express themselves through drawing. One participant found value in drawing component, where she reported that it aided her in talking about the difficult experience. As an unexpected finding, participants found value in an alternative creative activity that allowed them to symbolically represent their preferred stories, thus indicating that future research should explore other forms of creative outlets suited to the individual within a narrative approach to the resolution of trauma.

Keywords: narrative therapy, externalisation, re-authoring, trauma, youths, drawings, expressive arts, phenomenology

OPSOMMING

In die lig van die hoë voorkoms van mishandeling, geweld, misdaad, lewensbedreigende siektes en ongelukke in Suid-Afrika, is traumatiese ervarings 'n realiteit wat deel van 'n groot aantal jeugdiges in ons land se lewens is. As gevolg van die verskeie disfunksionele en lewenslange effekte wat onopgeloste trauma tot gevolg kan hê, is daar 'n dringende behoefte om trauma by jeugdiges aan te spreek op toeganklike en effektiewe wyses. Die gebruik van narratiewe terapeutiese beginsels tydens die aanspreek van trauma, vermy her-traumatisering en die verskynsel van 'slagofferskap', en fokus eerder op die daarstel van self-agentskap in reaksie tot trauma. Die gebruik van ekspressiewe kunsvorme gedurende die aanspreek van trauma, stel dat kreatiewe uitdrukking individue behulpsaam kan wees om elemente van hul traumatiese ervaringe te kan uitdruk. Dit is soms vir jeugdiges baie moeilik of iets wat hulle nie mondeling wil doen nie. Die moontlike voordele van beide hierdie benaderings het gelei tot die huidige studie waarvan die doel was om ondersoek in te stel na die integrasie van die gebruik van tekening en 'n narratiewe benadering tot die suksesvolle aanspreek van trauma soos deur jeugdiges ervaar. Die kwalitatiewe studie is onderneem by 'n hoërskool in 'n minderbevoorregte gemeenskap in die Wes-Kaap, waar daar 'n hoë voorkoms van misdaad en geweld is. Die navorsingsontwerp was 'n fenomenologiese ontwerp, met vyf deelnemers wat geteken het terwyl hulle oor hul traumatiese ervarings gepraat het deur eksternaliserende - en her-skrywingsgesprekke. Bevindinge het aangedui dat al die deelnemers aanvanklik probleem-deurdrenkte narratiewe gehuldig het wat oorheers was deur die 'slagofferskap' van trauma. Deur hierdie formaat van gespreksvoering kon die deelnemers hul waardes ontdek, spesiale vermoëns, asook doelstellings vir die toekoms. Hierdie kon hulle in staat stel om verkose narratiewe van agentskap in 'n trauma situasie te ontwikkel, en dit het weer 'n gevoel van selfwerkzaamheid bevorder. Hierdie veranderinge het na vore gekom binne 'n relatiewe kort tydperk, wat belowende moontlikhede vir die aanspreek van trauma binne die Suid-Afrikaanse konteks bied, veral aangesien sielkundige ondersteuning in Suid-Afrika besonder beperk is. Vier deelnemers het egter aangedui dat hulle nie die teken komponent van die interaksie as waardevol ervaar het nie. Hulle het verduidelik dat hulle verbale gespreksvoering verkies en dat hulle voel dat hulle nie hulself kon uitdruk deur tekeninge nie. Een deelnemer het die teken komponent wel waardevol gevind, sy het gerapporteer dat dit vir haar gehelp het om te praat oor moeilike ervaringe. 'n Onverwagse bevinding was dat die deelnemers gehou het van 'n alternatiewe kreatiewe aktiwiteit wat hulle in staat gestel het om hul persoonlike stories simbolies aan te bied. Dit wil dus voorkom asof toekomstige navorsing ander vorme van kreatiewe aktiwiteite wat moontlik in die narratiewe benadering tot die aanspreek van trauma by jeugdiges gebruik kan word, kan ondersoek.

Sleutelwoorde: narrative therapy, externalisation, re-authoring, trauma, youths, drawings, expressive arts, phenomenology

DEDICATION

To my father, Jano Trangoš, for always treating me
with the doubtless expectation that I can achieve
my goals;

my brother, Guy Trangoš, for continually
reminding me of my worth;

and to my grandfather, Duncan Turner, for his
relentless support.

Written in loving memory of my mother, Lynn
Trangoš.

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TABLE OF CONTENTS

<i>Declaration</i>	i
<i>Abstract</i>	ii
<i>Opsomming</i>	iii
<i>Dedication</i>	iv
<i>Acknowledgements</i>	v
<i>Table of Contents</i>	vi
<i>List of Tables</i>	x
<i>List of Figures</i>	x
<i>List of Appendices</i>	xi

Chapter 1

RESEARCH ORIENTATION

1.1 Introduction and rationale	1
1.2 Background of the study	2
1.2.1 The nature of trauma experienced by youths	2
1.2.2 A narrative approach to the resolution of trauma	4
1.2.3 The use of expressive arts in the resolution of trauma	5
1.2.4 The integration of using drawings within a narrative therapeutic approach	7
1.3 Aims and objectives of the study	8
1.4 Research paradigm and design	9
1.5 Research methodology	10
1.5.1 Sampling and selection procedures	10
1.5.2 Data collection	12
1.5.3 Data analysis	13
1.5.4 Data verification	14
1.6 Ethical considerations	14
1.7 Conceptual analysis	20
1.7.1 Drawing	20
1.7.2 Externalisation	20
1.7.3 Re-authoring	21
1.7.4 Children	21
1.7.5 Trauma	22
1.8 Conclusion	22

Chapter 2

LITERATURE REVIEW

2.1 Defining trauma	23
2.2 The nature of trauma as experienced by youths	24
2.3 Trauma within the South African context	29
2.4 Poststructuralism as a theoretical approach to narrative therapy	31
2.5 The processes of narrative therapy in practice	34
2.5.1 Externalising the problem	34
2.5.2 Re-authoring conversations	37
2.5.3 Strategies used within narrative therapy	38
2.6 A narrative approach to the resolution of trauma for youths	38
2.7 The use of expressive arts in the resolution of trauma	42
2.8 The integration of drawings within a narrative therapy framework	43
2.9 Conclusion	46

Chapter 3

RESEARCH DESIGN & METHODOLOGY

3.1 Introduction	47
3.2 Research paradigm	47
3.3 Research design	49
3.4 Ethical considerations	51
3.5 Context of the inquiry	52
3.6 Research methods	52
3.6.1 Sampling and selection procedures	52
3.6.2 Data collection	54
3.6.2.1 <i>In-depth interviews</i>	55
3.6.2.2 <i>Observations</i>	56
3.6.2.3 <i>Participant drawings</i>	56
3.7 Data analysis	56
3.8 Data verification	58
3.8.1 Credibility	58
3.8.2 Transferability	60
3.8.3 Dependability	60

3.8.4 Confirmability	61
3.9 Conclusion	61

Chapter 4

FINDINGS AND DISCUSSION

4.1 Introduction	62
4.2 Personal statement	63
4.3 Description of the sample	64
4.4 Description of participants' traumatic experiences	68
• Michelle – <i>Losing her feels like a part of myself is gone</i>	68
• Gen – <i>The day I lost faith in humanity</i>	68
• Kyle – <i>The day I fought for my life</i>	69
• Kirsty – <i>I lost the only person I had</i>	69
• Storm – <i>My toughest journey</i>	70
4.5 Externalisation themes	70
4.5.1 Immediate responses	70
4.5.2 Emotional responses	71
4.5.2.1 Guilt	71
4.5.2.2 Sadness	72
4.5.2.3 Anger	73
4.5.3 Difficulties 'opening up'	74
4.5.4 Being subject to verbal abuse or bullying	74
4.5.5 'Nobody did anything to help'	75
4.5.6 Fear of the outside	77
4.5.7 The nature of the community	78
4.6 Re-authoring themes	81
4.6.1 Values	81
4.6.1.1 Self and life	81
4.6.1.2 Family	82
4.6.2 Special abilities	82
4.6.2.1 Caring for others	83
4.6.2.2 Standing up for one's self	84
4.6.2.3 Keeping the peace	85
4.6.2.4 Opening up to others	85
4.6.2.5 Ways of coping	86
4.6.2.6 Remembering the deceased	86
4.6.2.7 Making the deceased proud	87
4.6.3 Perceptions of the future	87
4.6.3.1 Academic goals	88
4.6.3.2 Personal development goals	88

4.7 Description of the drawing process	89
4.8 Reflections on the drawing process	95
4.9 Reflections on the overall process	98
4.9.1 Developing a sense of self-efficacy	98
4.9.2 Feelings of release	99
4.9.3 The therapeutic relationship	100
4.10 Conclusion	101

Chapter 5

CONCLUSION

5.1 Insights taken from using a narrative approach to the resolution of trauma	102
5.2 Insights taken from using drawings in a narrative approach to the resolution of trauma	104
5.3 The 'culture of trauma' in South Africa	105
5.4 Limitations of the study	108
5.5 Recommendations	109
5.6 Reflection	110
REFERENCE LIST	111

LIST OF TABLES

Table 1. Table of Themes	63
Table 2. Details of Final Sample	67

LIST OF FIGURES

Figure 1. PCL-5 scores of pre-selection sample	66
Figure 2. Occurrence of types of traumatic experiences considered the most difficult	67
Figure 3. Re-authoring: Skyscraper (Michelle)	90
Figure 4. Re-authoring: My Toughest Journey (Storm)	90
Figure 5. Externalising: Suffocating (Kirsty)	91
Figure 6. Re-authoring: French Fries (Kirsty)	91
Figure 7. Externalising: The Day I Fought for My Life (Kyle)	92
Figure 8. Re-authoring: The Things that Saved Me (Kyle)	93
Figure 9. Externalising: The Day I Lost Faith in Humanity (Gen)	93
Figure 10. Re-authoring: Slowly Letting It Out (Gen)	94

LIST OF APPENDICES

Appendix A: Agenda of First Meeting	120
Appendix B: Agenda of Second Meeting	121
Appendix C: Posttraumatic Stress Disorder Checklist (PCL-5)	122
Appendix D: Interview Schedule - Externalising Conversations	125
Appendix E: Interview Schedule - Re-authoring Conversations	127
Appendix F: Interview Schedule - Gaining Insights into the Process	128
Appendix G: Observation Checklist for Drawing Process	129
Appendix H: Assent Form	131
Appendix I: Consent Form	135
Appendix J: Assent Form (Afrikaans Version)	139
Appendix K: Consent Form (Afrikaans Version)	144
Appendix L: Information on PTSD for Teachers	148
Appendix M: Chain of Support Form	149
Appendix N: REC Approval to Conduct Research	150
Appendix O: Principal's Permission to Conduct Research	151
Appendix P: WCED Permission to Conduct Research	152
Appendix Q: Meaning Unit Tables - Externalisation Themes	153
Appendix R: Meaning Unit Tables - Re-authoring Themes	159
Appendix S: Meaning Unit Tables - Reflections on the Process	165

1

RESEARCH ORIENTATION

1.1 Introduction and rationale

Given South Africa's high incidences of physical and sexual abuse, domestic violence, crime, major accidents, injury and death - children and adolescents in our country are frequently exposed to various forms of trauma across multiple settings (Kaminer & Eagle, 2010). When traumatic experiences in childhood are not successfully processed, traumatic memories may intrude into awareness throughout life as vague haunting impressions that are intensely felt but little understood (Harris, 2009). Gil (2006) argues that it is vital to recognise that all children who have experienced a traumatic event - regardless of socio-economic; cultural or racial background, are at risk of developing posttraumatic stress disorder (PTSD). Even if children do not meet the full criteria for a formal diagnosis of PTSD, Steele and Kuban (2012) point out that there are various negative effects of trauma, such as experiencing difficulties in processing information and problem solving - where the effects of trauma could ultimately act as a barrier to learning.

When children and adolescents experience trauma, they are commonly required to give a verbal recollection of the event, which is often extremely difficult or beyond their capacity (Lyshak-Stelzer, Singer, Patricia & Chemtob, 2007). Gil (2006) argues that this is problematic as it could mean that young victims of trauma are not sufficiently understood, which could counteract the process of healing and act as an obstacle to the constructive resolution of trauma. For this reason, approaches that do not rely heavily on verbal access to trauma material alone, are important options to consider (Lyshak-Stelzer et al., 2007).

Research has shown that art therapy has been used successfully in a variety of contexts as treatment for children who have experienced trauma (Eaton, Doherty & Widrick, 2009). Drawings provide a means by which children can express experiences, memories and emotions that they may not be able to put into words immediately (Eaton et al., 2009). In essence, this acts as a way of "opening up an unspoken and often symbol-laden 'speaking' of the unspeakable" (Harris, 2009, p. 95). Once a picture is drawn, the likelihood of a child becoming verbal about the difficult content increases profoundly (Steele & Kuban,

2012). In line with this, Steele and Kuban (2012) argue that drawing provides children and adolescents with an impetus to tell their stories and a way to translate their traumatic experiences into narratives that they can make sense of.

A fundamental aim of a narrative approach to therapy is to help the individual understand personal problems by externalising them, so that the problem becomes separated from the person (White, 2007). This is typically done verbally, through the telling of stories and the exploration of new outcomes (Malchiodi, 2007). Freeman, Epston and Lobovits (1997) argue that the use of expressive arts can be successfully integrated into a narrative framework. In this case, drawing becomes a medium of externalisation, helping to separate the problem from the child (Malchiodi, 2007). Malchiodi (2007) argues that drawings can equally assist in re-authoring, where the child might be able to create a new story in order to overcome emotional difficulties. With this said, the aim of this study is to gain insight into the use of drawing as a tool for externalisation and re-authoring conversations within a narrative framework, in South African children who have experienced traumatic events.

1.2 Background of the study

1.2.1 The nature of trauma experienced by youths

The origin of the word *trauma* arises from its Greek meaning ‘to puncture’ or ‘wound’, which is clearly reflected in the experience of psychological trauma. The effect of trauma is characterised by the infiltration of unwanted emotions, thoughts and experiences - to the point that excessive demands are placed on one’s coping strategies and where severe disturbances to many aspects of psychological functioning may be caused (Kaminer & Eagle, 2010). The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5, American Psychiatric Association, 2013) defines a traumatic event as one in which “exposure to actual or threatened death, serious injury, or sexual violence” occurs through either “directly experiencing the traumatic event; witnessing, in person, the event as it occurred to others” or “learning that the event occurred to a close family member or close friend” (p. 271). It is important to note that one does not need to be a direct victim of trauma in order to develop PTSD (Kaminer & Eagle, 2010). Posttraumatic symptoms can develop through indirect traumatising, such as hearing about a trauma that happened to a loved one.

The nature of trauma experienced by individuals can differ according to type and level. Terr (1991, as cited in Gil, 2006 and Webb, 2006) differentiates between Type I traumas, which consist of a single traumatic incident (such as a car accident or hi-jacking) and Type II traumas, which characterise prolonged exposure to traumatic experiences (such as repeated sexual abuse over a number of years). Levine (2005b) points out, however, that the way in which an individual responds to a trauma cannot

always be predicted by its type and level, but that instead, people essentially experience a traumatic event in their own way. Perceptions of the event, internal and external resources, coping strategies, age and cognitive abilities, among others, are factors that influence how trauma is experienced and dealt with (Gil, 2006).

Van der Kolk (1987, as cited in Gil, 2006) emphasises that the critical issue in the effects of trauma on an individual (especially in children), is the debilitating loss of control that one feels in the face of a traumatic event. In line with this, Kaminer and Eagle (2010) point out that:

While children may have a range of coping capacities to deal with extreme stressors, the fact that aspects of their bodies, minds and brains are not fully developed means that they are particularly vulnerable to the impact of trauma.
(p. 122)

Teicher, Andersen, Polcari, Anderson and Navalta (2002) add that because the brain of a child is still undergoing extreme changes, exposure to trauma may leave a permanent mark on the structure and function of the brain. Due to the ability of trauma to interfere with neurobiological development, van der Kolk (2005) holds that it can specifically hinder one's ability to integrate sensory, cognitive and emotional information into an interconnected whole. Furthermore, the disruptive effects of trauma can permanently alter one's perception of threat, which can exist in one's thoughts, feelings, behaviour and biological systems (van der Kolk, 2003 as cited in Carey, 2006).

While it is clear that children who have experienced trauma are vulnerable to developing symptoms of PTSD (such as sleep disturbances, flashbacks, hypervigilance) (Cohen, Barnes & Rankin, 1995), this does not necessarily paint a full picture of how children might display their traumatic distress. It is important to note that children exposed to a traumatic event may not always present with clear cut symptoms, as classified within the framework of PTSD. Kaminer and Eagle (2010) point out that "children may show their distress in the form of physical symptoms, depression, anxiety, school problems and developmental difficulties, among others" (p. 125). Various studies have found that the impact of trauma on children can have a long-standing impact on personality formation, mental health and behaviour (Kaminer & Eagle, p. 122). Steele and Kuban (2012) claim that children who have undergone trauma are at risk of learning and problem-solving difficulties. In line with this, a South African study conducted by Stein, Jackson, Herman, Seedat and Williams (2009, as cited by Kaminer & Eagle, 2010) found that traumatic life events and childhood PTSD were related to the increased likelihood that individuals would not complete their high school education.

The various negative impacts of trauma on the lives of children are particularly important to address within the South African context, where exposure to potentially traumatic experiences is an unavoidable aspect of everyday life. South African society is marked by high levels of exposure to trauma, where very

few lives are untouched by its effects (Kaminer & Eagle, 2010). South Africans are faced with the likelihood of multiple forms of exposure and re-exposure to traumatic events, where trauma intervention is seldom accessible and available (Kaminer & Eagle, 2010).

1.2.2 A narrative approach to the resolution of trauma

The concept of externalisation is arguably the most defining element of narrative therapy, and that which the narrative approach, as a whole, depends on. White (2007) argues that many people enter therapy with the belief that their problems are intrinsic to them and who they are as people. Externalising is best understood with reference to what could be considered narrative therapy's motto – 'the person is not the problem, the problem is the problem' (Carey & Russel, 2002). The problem is viewed as separate and different from the person –something that is operating, impacting and pervading on a person's life (Angus & McLeod, 2004). Linguistic strategies of externalisation encourage people to realise that who they are as people and the problem are not the same thing (Carey & Russel, 2002).

By separating the person's identity from the identity of the problem, McLeod (2003) argues that this enables people to take a lighter approach to what was previously considered a very serious issue. It too, decentres the problem in people's lives, creating a space between them and whatever is bothering them (Carey & Russel, 2002). White and Epston (1990) add that "as persons become separated from their stories, they are able to experience a sense of personal agency... they experience a capacity to intervene in their own lives and relationships" (p. 16).

When it comes to working from a narrative approach with individuals who have experienced trauma, Yuen (2009) argues that people's difficulties are often expressed as a story of negative effects. Statements such as 'I can't form trusting relationships' or 'I'm messed up', as a result of the trauma, are common (Yuen, 2009). Through Michael White's concept of double-listening, an emphasis is placed, not only on listening to the primary story regarding the impact and effects of the trauma, but also importantly to a second story that emerges (Yuen, 2009). Gentoso (2012) adds that although there is an interest in recognising the pain and suffering caused by trauma, there is a marked intention of making a preferred story visible. Ultimately, once the problem (the traumatic experience and its consequences) is externalised, the focus can shift to developing a preferred story.

In the process of re-authoring a preferred story (also referred to as a subordinate storyline) in response to trauma, an emphasis is placed on responses to the trauma that people have taken to protect themselves and to honour what is important in their lives (Gentoso, 2012). Yuen (2009) illustrates this through the case of Susan who experienced many years of violence and sexual abuse while growing up. As an adult undergoing therapy, Susan initially described herself as 'damaged goods' and during a discussion of a particular trauma she experienced as a child, claimed that she did nothing except stay in

her room by herself and cry herself to sleep. Through the process of double-listening, Yuen (2009) was able to learn about Susan's acts of protection in response to the trauma. For example, Susan wrapped her stuffed animals tight in blankets to help them feel secure, she closed the door so that they did not have to hear the loud shouting and hitting, and she put them under the covers so they would not be scared. Through this, Yuen (2009) was able to provide an entry point for Susan to re-author her story as caring for others in response to trauma. What Susan initially viewed as helplessness in response to trauma, transformed into the realisation that she did what she could as a young girl to cope with the situation.

Similarly, when working specifically with children who have experienced trauma, White (2006) points out that:

The genesis of subordinate storyline development is to be found in children's responses to the trauma that they have been subject to. No child is a passive recipient of trauma, regardless of the nature of this trauma. Amongst other things, children take action to minimise their exposure to trauma and to decrease their vulnerability to it by modifying the traumatic episodes they are subject to, or by finding ways of modifying the effects of this trauma on their lives. However, it is rare for children's responses to the trauma of their lives to be acknowledged. (p. 147)

By acknowledging children's responses to trauma, one learns that they are founded in what children give value to and what they hold precious in their lives (such as finding support in hostile environments, developing nurturing responses to others and establishing domains of safety in unsafe places) (White, 2006). These responses are ultimately intended to act as the starting point for preferred stories, in order for children to re-author their experiences of trauma.

An important principle of a narrative approach to trauma is enriching the story of trauma, without re-traumatising or renewing anguish. White (2006) acknowledges that there is the risk that through speaking about their experiences of trauma, children will become trapped in reliving the trauma they experienced. White (2006) argues that re-traumatisation can be avoided by considering the 'psychological positioning' of the child in opening space for them to safely address their trauma, instead of focusing on the specific details of the trauma and its effects. White (2006) adds that through developing the subordinate storyline, children can take recourse in speaking of their experiences of trauma, without being re-traumatised.

1.2.3 The use of expressive arts in the resolution of trauma

Art therapy is based on the notion that the creative process of art making is healing, enriching and a powerful form of communication (Malchiodi, 2007). The nonverbal language of art aids in personal

development, insight and transformation - through the connection of one's inner thoughts, feelings and perceptions with one's outer reality (Malchiodi, 2007). Gil (2006) points out that through the use of expressive art, children can externalise and regulate their inner worlds.

Gil (2006) argues that when working with young children, they are frequently uncomfortable with the process of talking and often lack the vocabulary for describing their feelings (Gil, 2006). The use of art can be particularly effective with young children as they are generally comfortable with art as a natural form of communication, where drawings are able to recollect and relate more details of their inner worlds, than talking alone (Malchiodi, 2007). Carey (2006) adds that children typically have great difficulties in using words to describe feelings, and this is especially true in the case of those who have experienced trauma. Because of this, Carey (2006) argues that traumatic experiences are difficult, if not impossible, to access through verbal therapy alone.

Van der Kolk (2003, as cited in Crenshaw, 2006) explains that when people remember a traumatic event, neuroimaging scans show that the left frontal cortex shuts down, particularly the Broca's area (which is the centre for speech and language). Instead, the right hemisphere and amygdala (the centre for detecting threat) lights up, which triggers emotional states and arousal. This reveals that when people remember traumatic events, they have trouble thinking and formulating language (Crenshaw, 2006). Increasing focus in research has been placed on the physiological component of trauma. It has been regarded by many that the true 'core' of trauma is physiological, including van der Kolk (2003), who claims that 'the body keeps the score' of the emotional experience of the trauma (as cited in Malchiodi, 2012). With this said, the relationship between neurobiology and art therapy is pivotal when working in the realm of trauma. Malchiodi (2012) argues that because the core of traumatic experiences is physiological, the sensory memories of the trauma need to be expressed and processed in order to be resolved. Malchiodi (2012) claims that:

Art is a natural sensory mode of expression because it involves touch, smell, and other senses within the experience. Drawing and other art activities mobilise the expression of sensory memories in a way that verbal interviews and interventions cannot. (p. 21)

Essentially, traumatic experiences are encoded by the limbic system of the brain as a form of sensory reality and in order for such experiences to be successfully resolved, they must be processed through sensory channels (Malchiodi, 2012). In line with this, trauma reactions have been shown to affect both lower (brainstem and midbrain) and higher (limbic and cortical) systems of the brain (Perry, 2001, 2008 as cited in Malchiodi, 2012). Because of this, activities that tap into the senses (like that of drawing) have been regarded as more suitable for treating trauma as they draw on lower brain functions that traditional therapy does not (Malchiodi, 2012).

When children have experienced trauma, the nonverbal form of communication through art can be a doorway to feelings and thoughts that are not easily accessible through language and can aid in the process of understanding difficult traumatic experiences (Malchiodi, 2007). In this regard, Hansen (2006) argues that “expressive arts can help children access, process, and integrate traumatic material in a manner that allows for appropriate resolution” (p. 76). Despite children’s experiences with difficult traumatic events, most still find joy in the act of art-making, where drawing has been shown to stimulate talking about such experiences (Malchiodi, 2007).

Malchiodi (2007) holds that traumatic experiences often become encoded in the mind in the form of images, in the same way a camera takes a series of photographs. Malchiodi (2007) adds that “it seems only natural that these memories would first emerge in the form of images” (p. 10). For this reason, art can offer a unique way to express traumatic images and bridge them with consciousness in a way that is less threatening than traditional forms of talking therapy (Malchiodi, 2007).

The use of art in therapy allows one to participate in one’s own treatment through the process of creation. It is unique in the sense that it documents a process of healing. Creating a tangible product of art offers one the opportunity to create something lasting that records meanings, experiences and feelings (Malchiodi, 2007).

An important principle in working with children and trauma in art therapy is to protect the child from re-experiencing the traumatic event, through the notion of containment. Steele and Kuban (2012) suggest that drawing activities need to be structured and the media used needs to be ‘containing’, such as using A4 sized paper as opposed to an A2 sized paper. In this case the borders of the page act as a ‘container’ of the trauma, which can be managed at a sensory and tactile level by the child. The child should be able to use the artwork as he or she pleases, so that he or she can gain empowerment over the trauma (Steele & Kuban, 2012).

1.2.4 The integration of using drawings within a narrative therapeutic approach

The field of expressive arts therapy has some distinct similarities with narrative therapy. Freeman et al. (1997) argue that while the theories underpinning these approaches may differ, “the ‘expression’ of problems in art form is inherently akin to the practice of externalisation” (p. 147). Through the process of drawing, a visceral sense of the problem is placed outside of the self for reflection (Freeman et al., 1997). This allows individuals to ‘see’ the problem and ‘rework’ it more easily. Freeman et al. (1997) highlight further similarities in that “both expressive arts therapy and narrative therapy invite clients to make meaning of their own expressions. The therapist takes a stance of curiosity and facilitates the expansion of preferred meanings for the client” (p. 148).

The performance of physically creating a new meaning or expression helps solidify the new experience (Freeman et al., 1997). For example, a child may be asked to draw herself as the problem would see her, and then as how she would prefer to be seen. By literally seeing a picture of a different version, she is likely to gain a problem-free perception of herself to match the emerging preferred story (Freeman et al., 1997). Riley and Malchiodi (2012) add that a drawing, collage or painting of the presenting problem is a natural way of separating the person from the problem, because during the art-making process it becomes physically visible. It too provides the opportunity to ‘rework’ images into new stories (Riley & Malchiodi, 2012). Tanaka and Urhausen (2012) add that a key component when working with art interventions from a narrative approach is the therapist’s “attentiveness and ardent effort to communicate through the child’s art” (p. 160).

When working specifically with children who have experienced trauma, Steele and Kuban (2012) argue that drawings provide an externalisation of the problem where the motor action of drawing and verbal action of giving the narrative, helps the child move from passive powerless involvement with the trauma to the active control of that experience. Steele and Kuban (2012) add that:

Once a traumatised child can form a trauma narrative and externalise it in a symbolic fashion, the child is able not only to find relief from the terror it created, but to regain power over it to the point that energies are no longer spent avoiding and reacting to all the triggers and symptoms created by that trauma. (p. 166)

Riley and Malchiodi (2012) hold that “two languages, one verbal and one visual, stimulate processes that help the client find solutions to problems in a timely manner” (p. 103).

1.3 Aims and objectives of the study

Trauma is a reality faced by a sobering number of South African youths, many of whom will never gain access to adequate treatment. Professional psychological services in South Africa are reserved for a very small privileged percentage of children and adolescents (Kaminer & Eagle, 2010). With such limited resources, it could be argued that the vast majority of South African youths who are at a particularly high risk of experiencing trauma, are unlikely to receive adequate psychological treatment. Due to the various negative and lifelong implications of unresolved trauma (Steele & Kuban, 2012), there is a dire need to address trauma experienced by our youth in a way that is both accessible and effective. With this said, the aim of this study was to investigate the integration of using drawings within a narrative approach as an accessible and effective approach to helping youths, within a South African context, deal with traumatic experiences. It intended to particularly explore the use of drawings in processes of externalisation and re-authoring conversations, within the narrative framework.

This study aimed to address the following major research question:

- **What insights can be taken from using drawings within a narrative approach with youths who have experienced a traumatic event?**

In light of answering the above research question, the following sub-questions were vital areas to address:

- **What insights can be taken from using drawings in the process of externalisation with youths who have experienced a traumatic event?**
- **What insights can be taken from using drawings in the process of re-authoring with youths who have experienced a traumatic event?**

In view of the research question, further objectives of the study were identified as:

- **To gain insight into the effect of this therapeutic approach (drawing within a narrative way of working) towards the resolution of traumatic events.**
- **To make recommendations for using drawings as a tool in the processes of externalisation and re-authoring within the narrative framework.**

1.4 Research paradigm and design

It is the position of the researcher that reality is constructed by individuals interacting with their social worlds and that people all have fundamentally subjective experiences of the external world (Terre Blanche & Durrheim, 2006). For this reason, an interpretivist research paradigm underpinned this study. Understanding the meaning people have constructed, how they make sense of the world and the experiences they have in the world, reflect this frame of reference (Merriam, 1998). According to Corbetta (2003), “if the aim is to understand the meanings that subjects attribute to their own actions, the research techniques cannot be anything but qualitative and subjective” (p. 24).

Thus, in the search for understanding meaning that is embedded in people’s experiences, this research study made use of a qualitative research methodology. Due to the subjective nature of the experience of trauma, a hermeneutic phenomenological design was adopted (Porter & Cohen, 2013). The focus of phenomenological research is to listen to and understand participants’ experiences of the world, rather than to explain why they experience the world in a particular way (Langridge, 2002). Through this, the phenomenologist seeks to describe the phenomenon as subjectively experienced by the individual, and not to explain it as an objective concept (Langridge, 2002). In light of this, a concerted effort was made to understand situations in their uniqueness, as part of a particular context, as well as the interactions that occurred in the research participants’ inner worlds (Merriam, 2002), where participants were viewed as experts on their experience. For this reason, this study was interested in authentically understanding how research participants made meaning of their traumatic experience through drawings in the process of externalisation and re-authoring conversations within a narrative framework.

1.5 Research methodology

1.5.1 Sampling and selection procedures

In accordance with the phenomenological approach of this study, the sample was established using purposive sampling, whereby the researcher specified characteristics of the research population and located individuals with those characteristics (Durrheim, 2006). For this study, participants were limited to learners in a high school in the Western Cape between the ages of 13 and 18, who experienced a traumatic event longer than six months ago.

Identifying learners that met these criteria was established through consultation with members at the school. Potential participants were only identified and recruited if their traumatic experience was of public knowledge to the school. That is, that staff members; teachers; the principal and so on, were informed of it. Learners who were in a therapeutic relationship with the counsellor or educational psychologist concerning their traumatic experience were not identified due to client confidentiality and were not considered potential participants.

Through the principal, the researcher first approached register teachers and possible participants were identified through these conversations (which was knowledge in the public domain). After which, the teachers carefully asked learners whether they would be prepared to talk to a researcher about their experiences. This included establishing whether potential participants would be interested and would feel comfortable taking part in research of this nature. Teachers were prepared for this by the researcher, in order for learners to be approached in a sensitive manner (for example, approaching learners on a one-on-one basis and not in front of the class). Only when potential participants indicated that they were interested in taking part in the research, did the researcher make contact with them to arrange that they attend the first meeting.

The first meeting included an ice-breaker activity, a rapport-building activity and information on the research study and what it entailed. The details of this meeting can be found in Appendix A. Assent forms (Appendix H) were distributed to the participants and were verbally explained in detail by the researcher. Participants were given the chance to ask questions about the research. Consent forms (Appendix I) were given to the participants who were asked to distribute them to their parents or guardians. On the form, parents or guardians were asked to include their contact details so that the researcher could personally contact them throughout the research process.

Based on receiving informed assent and consent, participants were invited to a second meeting. This meeting held the purpose of building rapport and trust between the participants and researcher, and

also included screening for the participant selection criteria. The details and procedure of this meeting can be found in Appendix B.

Due to the sensitive nature of this study, the criteria for selection of the sample excluded learners who met the criteria for a probable diagnosis of PTSD, according to the DSM-5 (APA, 2013). These exclusion criteria were established through the use of the PTSD Checklist for DSM-5 (PCL-5) (Weathers et al., 2013), which potential participants were asked to complete during the second meeting.

The PCL-5 (Appendix C) is a self-report measure that assesses the symptoms of PTSD, and which has been specifically updated from the PTSD Checklist for DSM-IV (PCL) to account for changes in symptomatology and criteria for PTSD in the DSM-5. The scale was developed by the National Centre for PTSD of the U.S. Department of Veteran Affairs by Weathers et al. (2013) and is available in the public domain. Participants who scored 33 (and lower) on the PCL-5 measure and who did not meet the DSM-5 diagnostic criteria, were asked to volunteer to take part in the rest of the study. Those who scored 34 and above or who met the DSM-5 diagnostic criteria were considered at risk of a probable PTSD diagnosis were not asked to take part in the rest of the study. The reasons for this were explained to them in detail on a one-on-one basis. Those who scored 34 or higher were referred the Western Cape Education Department (WCED) district school psychologist for psychotherapy to sufficiently address the risk for PTSD. The researcher had a meeting with the district psychologist to hand over the names of each of these learners, where she explained the information she gained from the PCL-5 measures for each case. Each of these learners at risk gave informed consent for the referral. The researcher first met personally with each learner to get their consent to do this, as well as to explain to them why she could not include them in her study.

Through this, the final sample of the study was established. It was estimated that gaining 5 to 8 participants was enough to develop in-depth information to build a credible analysis for this study. The researcher phoned the parents and guardians of those who were asked to volunteer to take part in the study, in order to introduce herself and to invite them to a meeting at the school (where it was intended to explain the study in detail, to ensure they fully understood what consenting would entail and so that the researcher could answer any questions that they may have had). Due to work and travel constraints, all the parents and guardians said that they would not be able to attend the meeting and said that they would rather continue the conversation over the telephone – where the researcher achieved the aims of the meeting during these telephonic conversations instead. Having received the signed assent and consent forms for each participant, the researcher proceeded with data collection.

1.5.2 Data collection

The primary methods of data used for this study included structured observations of the drawing process and individual in-depth interviews conducted in response to the drawing process. Data collection took place at the participants' school, in a safe and secure setting. This setting was intended to be safe and secure on both a psychological and physical level. Through the previous two rapport-building group meetings with the researcher, it was intended that participants would feel comfortable in the presence of the researcher and that they would feel that the researcher could be trusted. Data collection physically took place in a private room on the school premises during school hours, where it was ensured that no interruptions took place.

To begin the process, participants were individually given a warm-up exercise in which the participant was asked to think about and draw his or her 'safe place'. The purpose of this exercise was to help the participants get used to the process of drawing and to offer a calming strategy that they could utilise. This introductory exercise was followed by general questions that reflected on the process. The details of these can be found in Appendix D.

Participants were then asked to create a drawing, in order to externalise their experience of trauma. Participants were given an A4 blank piece of paper and the media of pencils, pastels and coloured fine-liners to choose from. The researcher used verbal prompts based on a narrative approach, to encourage the participants to engage in the creative process of drawing. The completed drawing was then used to initiate externalising conversations, through the means of an interview (Appendix D). The participant was then asked to complete another drawing, in order to re-author their experience of trauma. This drawing was then used to initiate conversations developing a preferred story of the trauma, once again by means of an interview (Appendix E). At a later separate occasion a few days later, participants were interviewed (Appendix F) in order to gain insight into their experiences of the process of drawing and talking about their traumatic experience.

During observation of the drawing processes, the researcher attempted to capture a comprehensive overview of what took place (Patton, 1987). Information about the full sequence of events during the drawing process was included, such as: how the activity was accepted at introduction; quotations from participants about their reactions to and perceptions of the activity; behaviours and signals during the course of the activity and how participants reacted to the end product of the drawing activity (Patton, 1987).

Observations were recorded in the form of an observation checklist (Appendix G), which was developed to identify any non-verbal signals of discomfort experienced by the participant during the drawing

process. This included a safety procedure which stipulated that in the case that participants show signs of discomfort (for example, tension in muscles) or have somatic complaints (for example, stomach ache), a safety prompt would be given, reminding the participant that they can stop at any point. If the signs of discomfort were to continue, the drawing process would be discontinued and grounding techniques would be used with the participant to contain any emotional distress (Carey, 2006). The participant would then be referred to the WCED district psychologist. For certain serious signals indicating re-traumatisation (these were crying or tears; loss of awareness or 'zoning out' and exaggerated startle response or 'jumpiness'), the drawing process would be discontinued immediately. Grounding techniques would be used and the participant would be referred to the WCED district psychologist.

The observation checklist was also used to identify any signs of relaxation or enjoyment during the drawing process (for example, upright posture; smiling). With this said, observations were used for two purposes. The first purpose was to act as a safety mechanism, in order to minimise the risk of participants experiencing emotional distress. The second purpose was to add depth to the research and validate findings.

Data was collected in the form of the observation checklist and notes (Appendix G), audio-visual recordings and the respective drawings. The drawings were returned to the participants at the closing of the final feed-back interview.

1.5.3 Data analysis

Data, in the form of transcribed interviews, observation notes and participants' drawings, were coded and organised by identifying recurring themes that emerged. This was done by drawing on the method of thematic analysis, which is considered "an accessible and theoretically flexible approach to analysing qualitative data" (Braun & Clarke, 2006, p. 77). The process of data analysis followed Braun and Clarke's (2006) step-by-step guide to doing thematic analysis, which involves the following six phases: familiarising oneself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report (pp. 86-93). It was intended that by following Braun and Clarke's (2006) guide to doing thematic analysis, an in-depth understanding of the data would be developed which would illuminate the research questions at hand.

Another reason for following Braun and Clarke's (2006) guide to thematic analysis was to ensure that data analysis was carried out and reported in a deliberate and rigorous way that is clear to the reader. Braun and Clarke (2006) argue that the process of thematic analysis is often vaguely and ambiguously reported in qualitative research studies - which makes it difficult to evaluate research and compare it to

other studies on the topic, as well as hinder other researchers carrying out related studies in the future. For this reason, “clarity on process and practice of method is vital” (Braun & Clarke, 2006, p. 80).

1.5.4 Data verification

Due to the fact that transcripts, observation and drawings were used as data in this research study, triangulation of different data sources was drawn on (Patton, 1999). It is argued that a combination of data methods provides cross-data validity checks, whereas studies that only use one method are more vulnerable to errors linked to that particular method (Durrheim, 2006). Patton (1999) adds that “because each method reveals different aspects of empirical reality, multiple methods of data collection and analysis provide more grist for the research mill” (p. 1192). With this said, it was intended that by using various data sources, as opposed to relying on just one, this research study’s validity would be enhanced.

Another element one needs to consider when enhancing the quality of research, is the credibility of the researcher (Patton, 1999). Patton (1999) points out that

A qualitative analyst returns to the data over and over again to see if the constructs, categories, explanations, and interpretations make sense, if they reflect the nature of the phenomenon. Creativity, intellectual rigour, perseverance, insight - these are all intangibles that go beyond the routine application of scientific procedures.
(p. 1205)

It is precisely with these strategies that the researcher approached this research study, in order to maximise the quality and credibility of the findings.

1.6 Ethical considerations

Alderson (2005, cited in Powell, Fitzgerald, Taylor & Graham, 2012) points out that there are three main ethical frameworks to draw on when conducting research with children. These include a *principles* framework (such as ensuring respect, justice and doing no harm when conducting research); a *best outcomes* framework (which includes strategies for reducing harms and promoting benefits) and a *rights* framework (which involves children’s provision, protection, promotion and participation). This study drew on all three of these ethical frameworks because of the potential high risk of this research study. Because the study dealt with the sensitive nature of trauma (that could have caused possible emotional distress) and because it worked with vulnerable children, following these ethical frameworks were considered paramount.

In addressing the *principles* framework, the following ethical principles were viewed as imperative throughout the research process. The first principle that was drawn on was the respect and dignity of persons and peoples. The International Union of Psychological Science (IUPS), explains that:

Respect for dignity recognises the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or other such characteristics. This inherent worth means that all human beings are worthy of equal moral consideration. (2008, p. 2)

Also commonly referred to as respect for autonomy (Allan, 2011), this principle ensures that potential research participants have the freedom to choose whether they want to participate in research, without coercion, and with the informed choice about what participating in the research will entail (Powell et al., 2012). With this said, permission was granted from the WCED to conduct the research, as well as written permission from the headmaster of the school. Parents and guardians of the participants needed to give written informed consent for the participants to participate in the study, as well as the participants themselves. Gallagher (2009, as cited in Powell et al., 2012) holds that informed consent rests on four core elements:

Consent involves an explicit act, for example, verbal or written agreement; consent can only be given if the participants are informed about and have an understanding of the research; consent must be given voluntarily without coercion; and consent must be renegotiable so that children may withdraw at any stage of the research process. (p. 1)

Keeping this in mind, the potential participants and their parents were presented with both a verbal and written account of the research and exactly what participation would entail. A written explanation came in the form of assent forms (Appendix H) for potential participants, and in the form of consent forms (Appendix I) for parents or guardians. Because the site of the research was a double-medium school, the assent and consent forms were also made available in Afrikaans (Appendix J and K, respectively). A verbal explanation took place on two separate occasions in formal group meetings, where any questions by the potential research participants were answered and clarified by the researcher. A verbal explanation also took place for the parents in the form of a telephonic conversation. No physical reward, prize or payment was given to participants (or their parents or guardians) who volunteered to partake in the research. It was made very clear to participants and their parents or guardians, that it was their right as participants to withdraw from the research at any point, without feeling that they were letting anyone down.

The next ethical principle that was drawn on looks at “competent caring for the well-being of persons and peoples” (IUPS, 2008, p. 2). This principle, often referred to as beneficence and non-maleficence (Allan, 2011), holds that one needs to work for the benefit of people and above all else not cause any harm (IUPS, 2008). The IUPS (2008) adds that “it includes maximising benefits, minimising potential

harm, and offsetting or correcting harm” (p. 2). From this, it was clear that the researcher had an ethical responsibility to “assess the potential harms from the research and work assiduously to minimise or eliminate them” (Powell et al., 2012, p. 8). This principle is also illustrated through the *best outcomes* framework, which emphasises “the importance of researchers balancing the desire to protect children from the potential harms of research, while allowing them to benefit from the results” (Powell et al., 2012, p. 21).

With this said, Powell et al. (2012) claims that “privacy considerations in research include both the need to have a safe, private physical location in which the research can take place, and ensuring participants’ privacy through anonymity and confidentiality” (p. 2). For this reason, the research was carried out in a private room at the participants’ school, which was locked during data collection to ensure no interruptions took place. Extra care was taken beforehand with regard to confidentiality and privacy, in order to protect the participants’ identity. The participants, as well as their school, have been given pseudonyms to ensure anonymity (this will certify that no trace can be linked to each participant and the information they gave during the research process). The only exception to this rule was to take place if participants wanted to be named in the research report as a way of telling their story and being heard. Careful consideration has been given when reporting on the demographics of the study, so that it does not expose the participants.

Because the participants are minors from the same school, a thorough explanation that the study is independent of the school, was carried out (both verbally and in written form). Participants were told that the only people who have access to their information are the researcher and her supervisor (and not their school principal, their teachers or their parents / guardians). This was also explained to participants’ parents or guardians.

All data was handled as highly confidential and shared only with the researcher’s supervisor. All electronic data was stored on a password-protected computer that only the researcher had access to. Necessary steps have been taken to ensure that all transcribed data and observation notes are locked in a cabinet only accessible by the researcher. Hard copies of the data will be kept in a safe place for 5 years, after which they will be destroyed.

In assessing potential harms of the research, it is necessary that extensive measures were taken to ensure that re-traumatisation of participants did not occur. This included measures suggested from a narrative approach through the ‘psychological positioning’ of the participant (White, 2006). Mitchell (2006) advocates two lines of inquiry when working from a narrative approach with individuals who have experienced trauma. The first involves questioning what was devalued for the child as a result of the

traumatic experience. This involves “exploring the values, beliefs, ideas, hopes or dreams” that have “been potentially dislodged by the traumatic experience” (Mitchell, 2006, p. 105). The second line of enquiry addresses how the person came through the traumatic experience (Mitchell, 2006). This involves “asking questions about the thoughts and actions that served to sustain him or her throughout the ordeal” (Mitchell, 2006, p. 105). Many researchers working with trauma from a narrative approach, hold that this line of questioning avoids re-traumatisation of individuals (such as White, 2006; Mitchell, 2006; Yuen, 2009; Gentoso, 2012 and Smith, 2005).

Measures of containment in order to avoid re-traumatisation, suggested by the expressive arts approach, was also drawn on. This involved using A4-sized paper and a small choice of art materials to choose from, so that the participants could have control over the process and which could ‘contain’ the experience of the trauma (Steele & Kuban, 2012). Furthermore, on completion of the drawings, the participants were given a variety of different coloured A4 plastic envelopes to choose from. They were given the option of decorating their chosen envelope with a variety of stickers, in a way of making it their own. The participants were asked to place their completed drawings in their envelope. The researcher returned each participant’s drawings in their respective envelope, once the copies of the drawings were made for data analysis. The envelope was intended to physically contain each participant’s drawing (ensuring confidentiality) and symbolically contain their experiences of trauma.

The observation checklist during the drawing procedure (Appendix G) was used to observe for non-verbal signals of discomfort. The intention was that the researcher would use a safety prompt when these signals of distress became evident, reminding the participants that they could stop the process at any time. If the signs of distress were to continue, the researcher would use grounding techniques to contain the participant’s emotions, and the participant would be referred to the WCED district psychologist. In the case that a participant was potentially overcome by re-experiencing feelings of trauma (observed through non-verbal signals of crying or tears; loss of awareness or ‘zoning out’ and exaggerated startle response or ‘jumpiness’), the drawing process would have been discontinued immediately. Grounding techniques would have been used and the participant would have been referred to the WCED’s district educational psychologist. Through this, the researcher continually assessed whether a participant felt re-traumatised by observing physical behaviour for signs of distress and arousal (Appendix G), as well as by continually reflecting on the participant’s experience of the process by questioning how he or she was feeling.

All participants were given the 24-hour emergency helpline numbers of three different centres that focus on trauma counselling within the Cape Town region. These included the Trauma Centre; the Trauma Clinic and the Tygerbear Foundation for Traumatized Children and Families. These emergency helpline

numbers were made available to participants on the assent forms (Appendices H & J) and to their parents or guardians on the consent forms (Appendices I & K). If participants were to display signs of distress as indicated on the Observation Checklist (Appendix G), they would have been reminded of these helpline contact numbers as a means of support. If participants were to request telephonic counselling as an option, the researcher would have ensured that she would have covered the cost of airtime for the participant. In the case of the Trauma Centre, where participants could have attended personal trauma counselling, the researcher would have ensured that she covered the cost of transport for the participant.

Furthermore, feedback and audio-visual recordings were made available to the research supervisor, who is a senior educational psychologist, on a daily basis during the period of data collection for further assessment. This was carried out as an extra safety procedure, in the case that the researcher (although it was not anticipated) may have overlooked signs of re-traumatisation or the need for referral. This also served as a reflection session between the researcher and her supervisor to discuss the research process and to ensure that the researcher interacted with participants in a way that maximised benefits and minimised harm. Any changes or suggestions that the research supervisor requested, were put into place.

A list of information on PTSD (Appendix L) was handed and explained to the teachers of the participants so that they could be aware of the signs of trauma-associated difficulties and symptoms of PTSD. This was done with the intention that teachers could be on the look-out for the possibility of re-traumatisation of participants in the long run. As well as other learners who were not directly involved in the research process. The teachers were given the chain of support form (Appendix M) which detailed the referral process, including the names and contact details of each avenue of support. The researcher made it clear to the respective teachers and principal, that she could be reached at any time during or after the research process, should they have had any concerns about a participant or the nature of trauma as a whole.

The researcher has made it her duty to check in with the research participants (via a telephonic call, SMS or email) once a month for six months after the research was carried out. This served the purpose of assessing whether participants were experiencing symptoms of PTSD (or difficulties associated with trauma) and if so, were to be referred to the WCED's district educational psychologist. Participants were also reminded of the 24-hour helplines of the Trauma Centre; the Trauma Clinic and the Tygerbear Foundation for Traumatized Children and Families, as well as the option of attending personal counselling at The Trauma Clinic.

The third principle that was drawn on is that of integrity, which is “based on honesty, and truthful, open and accurate communication” (IUPS, 2008, p. 3). This was drawn on throughout the research process from communicating directly with participants and their parents or guardians (through gaining informed assent and consent through to reporting the findings of the research); to communicating the final research findings in this report.

With regard to the *rights* framework when conducting research with children, Hill (2005, as cited in Powell et al., 2012) “offers a practical way forward by suggesting that ethical child research can be guided by four commonly identified types of rights embedded in the United Nations Convention on the Rights of the Child (UNCRC): welfare; protection; provision and choice and participation” (p. 11). With the right of welfare, it is intended that this research would contribute, either directly or indirectly, to the well-being of children (Powell et al., 2012). In order to ensure that the research contributes to the well-being of children, this research study has intended to add to the broader knowledge of childhood trauma in South Africa. With this said, presenting the findings in peer-reviewed publications and conferences is a major goal of the research and something the researcher strives to achieve. Furthermore, the research was intended to be therapeutic in nature, helping the participants to better understand and process their experiences of trauma. The various activities used with the participants throughout the research process were anticipated to enhance self-expression and introspection. Together these were considered to be beneficial to the participants, outweighing the cost-benefit ratio.

Through protection, “methods should be designed to avoid distress and contingency arrangements available in case of upset or situations of risk or harm” (Powell et al., 2012, p. 12). The above-mentioned measures that were in place to avoid harm and to correct harm if it occurs, was intended to respect the right of protection. Appendix M illustrates the chain of support that was in place for the participants of the research study, including the referral system and the contact details of relevant individuals who have had a role in supporting the participants.

Provision entails that “children should feel good about having contributed to research as a service informing society” (Powell et al., 2012, p. 11). With this in mind, letters of gratitude were given to each participant, in which their contribution to the greater knowledge of childhood trauma in South Africa was made clear. Within the narrative framework, these letters of gratitude also acted as therapeutic documents, that highlighted each participant’s preferred story. These were given to the participants with the intention of enhancing the therapeutic nature of the research.

Finally, choice and participation, holds that “children should make informed choices about all aspects of participation, including consent, opting out and determining boundaries of confidentiality” (Powell et

al., 2012, p. 11) which was carried out both practically and reinforced through the attitude of the researcher in this study.

Having established the ethical frameworks that were addressed in this study, Gallagher (2009, as cited in Powell et al., 2012) suggests that the “ethical process might be seen as an on-going process of questioning, acting and reflecting, rather than straightforward application of general rules of conduct” (p. 38). For this reason, the researcher made use of critical reflexivity throughout the research process, utilising a research journal. Through this, the researcher drew on self-awareness to question certain assumptions she may have had about childhood; and reflected on personal biases and life experiences and how these could have impacted the study (Powell et al., 2012). Powell et al. (2012) add that “reflexivity in the researcher role provides opportunities for building rapport and establishing the participants as the experts regarding the research focus” (p. 38).

1.7 Conceptual analysis

The following section explains the definitions of the key terms used in this research study.

1.7.1 Drawing

Drawing refers to the expression of physically constructing an image using one’s creative facilities. For this research study, drawings were limited to an A4-sized piece of paper, where the choice of pencils, fine-liners and pastels were made available. The method of drawing as a psychotherapeutic aid flows within the expressive arts approach to therapy, where it is proposed that the creative process of art-making can enhance a person’s psychological well-being. Drawing is one medium of expressive arts therapy, of which other examples can include painting; collage-making; expressive writing; photography, to name a few.

While various clinical approaches to expressive arts therapy exist, it is important to note that drawing in this research study was informed by a person-centred approach. Through this, participants were encouraged to express their subjective experiences and find personal meaning through drawing (Malchiodi, 2012). It must be noted that within this approach, focus is placed on process rather than product - where emphasis is placed on creative expression rather than on creative ‘skill’.

1.7.2 Externalisation

Externalisation in narrative therapy is essentially the process of separating the problem from the person, where individuals are able to see their identities as removed from the problem (White, 2007). In narrative

therapy, problems are viewed as social constructions rather than as being inherently 'within' people (Carey & Russel, 2002). When people view their problems as being 'within' themselves, these manifest in what narrative therapy terms 'problem-saturated stories' (also referred to as dominant storylines). Problem-saturated stories typically express negative self-beliefs, where the problem is viewed as the over-riding force in one's life. In order to change this, the process of externalising conversations in narrative therapy seeks to decentre the problem in a person's life, creating a space for the person to develop self-agency over the problem (Carey & Russel, 2002). To achieve this, White (2007) proposes four categories of enquiry during externalising conversations, which include: naming the problem; exploring the effects of the problem on different domains of life; evaluating the effects of the problem's influence; and justifying the effects of the problem.

1.7.3 Re-authoring

During conversations, instances occur in which the problem is expressed as being less dominant, or in which the individual is able to see him- or herself in a new light, in relation to the problem (Angus & McLeod, 2004). These instances are referred to as 'unique outcomes' or 'sparkling moments', which act as the foundation for an individual to develop a preferred story (also referred to as an alternative or subordinate storyline). In this regard, preferred stories are ultimately narratives in which the individual expresses self-agency and control over the problem. This process of turning a problem-saturated story into a preferred story, is referred to as re-authoring. To achieve this, White (2007) proposes four categories of enquiry during re-authoring conversations, which include: naming the unique outcome; exploring the effects of the unique outcome on different domains of life; evaluating the effects of the unique outcome's influence; and justifying the effects of the unique outcome. Through this, individuals are able to move away from problem-saturated stories in order to develop preferred stories for their lives.

1.7.4 Children

For this research study, the term 'children' refers to individuals who, according to South African law, are under the age of 18 (The Children's Act 38 of 2005). While this phase of development is typically divided into childhood (ages 0 to 12) and adolescence (ages 13 to 17), 'children' in the title of this research study is used as an umbrella term for both stages. This is due to the fact that although the participants were adolescents at the time of enquiry, most had experienced a traumatic event at the developmental stage of childhood. In the research questions, therefore, 'youths' will be used, in order to specify this particular group of children, whose lives span the childhood as well as the adolescent phases. In this regard, it must be noted that the term 'youths' will be used interchangeably with 'children' throughout the research report.

1.7.5 Trauma

Trauma refers to psychological and physical stress symptoms that can occur as a result of a traumatic event (Butcher, Mineka & Hooley, 2007). A traumatic event involves a sudden and unexpected environmental crisis in which one's life or well-being is threatened (Butcher et al., 2007). This can occur through directly experiencing the event; witnessing it or learning that the event happened to a loved-one (DSM-5, APA, 2013). It is important to note that for this research study, trauma is viewed as a solely subjective experience where the severity of its effects differs from person to person.

1.8 Conclusion

In this chapter, a rationale for the need for research on using drawing as a tool for externalisation and re-authoring conversations with youths who have experienced trauma was introduced. A brief overview of the literature detailing the nature of trauma experienced by children, narrative and expressive arts approaches to the treatment of trauma and the integration of using drawings within a narrative approach, was presented. This was followed by the aims and objectives of the study, as well as an introduction to the research methodology that was drawn on. The research methodology was made clear with reference to the sample, data collection, data analysis and data verification. Because of the potential high risk nature of this study, a detailed account of the ethical considerations, with reference to the three main ethical frameworks when doing research with children, was discussed. Finally, a description of the relevant terms as used in this study was offered.

Following this chapter, Chapter 2 will provide a thorough exploration of the research literature related to the focus of this study. Chapter 3 will explain the philosophical and methodological underpinnings of the study. The findings will be presented and discussed in Chapter 4. And the final Chapter 5, will provide a conclusory discussion, limitations and recommendations for future studies.

2

LITERATURE REVIEW

2.1 Defining trauma

Trauma as a term has become more and more embedded in everyday modern speech. A slightly worrying trip to the doctor; a scare from a spider in the shower; or even a few hours spent at Home Affairs can be hyperbolically described as ‘traumatic’ – whether in jest or not. In the field of psychology, the elusiveness of trauma as a concept is apparent, particularly when it comes to the question of what constitutes a traumatic event (Frueh, Elhai & Kaloupek, 2004). Eagle and Kaminer (2015) raise the pivotal question of whether traumatic events or stressors can be objectively, as opposed to subjectively, determined. And in line with this, whether trauma should be defined by event characteristics (such as the loss of a loved one or physical injury having occurred) or should be measured by its impact on the individual (such as having one’s sense of safety dramatically compromised) (Eagle & Kaminer, 2015). Through this, it is clear that trauma is essentially the inter-relationship between the stressor and its effects on the individual. Burstow (2003) claims that:

Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded. (p. 1302)

Similarly, Broderick and Traverso (2011, as cited in Jones, 2015) describe trauma as the psychological injury which occurs as a result of experiencing an external event that damages the individual’s sense of self. From the poststructuralist theoretical perspective of this research study, it must be noted that the severity of the so-called ‘wound’ or ‘injury’ in response to the traumatic event is viewed as a uniquely subjective experience, differing from person to person. The DSM-5 (APA, 2013) acknowledges the variable nature of psychological distress following a traumatic event, where symptoms can range from anxiety within a fear-based context to symptoms displaying aggression; anhedonia; dysphoria and dissociation. To account for the various manifestations of psychological distress following a traumatic event, the DSM-5 developed a new category of ‘trauma- and stressor- related disorders’ (p. 265) that deals specifically with symptoms associated with trauma, which previously fell under the anxiety disorders category of the DSM-IV.

A common trend in the literature, particularly to authors holding a poststructuralist stance, is the concept of transgenerational trauma. This notion holds that individuals, by virtue of what social group they belong to, may be traumatically affected by what their forefathers experienced – without themselves having directly experienced traumatic events (Danieli, 1998, as cited in Eagle & Kaminer, 2015). Researchers have sought to explore the kinds of traumatising that can occur through group identities as a result of discrimination, oppression, civil war and genocide for example (Eagle & Kaminer, 2015). Burstow (2003) elaborates on this further by claiming that transgenerational trauma can occur simply by belonging to a subset of a group or a particular family. Significantly, she states that, “people subject to transgenerational trauma may not have directly experienced, witnessed, or even been confronted by traumatic events. Indeed, they may have experienced nothing but the particular ways their parents responded to the world” (p. 1297).

In line with this, community theorists have postulated that entire communities can be traumatised. Eagle and Kaminer (2015) make the distinction that this does not necessarily mean that all individuals within the community are traumatised, but rather that the community as a fundamental whole is fractured through trauma.

In light of this, Kriegler (2015) argues that post-colonial and post-apartheid South Africa in particular, bears witness to the consequence of transgenerational trauma – with our country’s level of exposure to poverty; violence; abuse and neglect, among the highest in the world. Burstow (2003) holds that oppressed groups are subject to a unique form of insidious traumatising as a result of living in a sexist, classist, racist society; which poses for example:

The daily awareness of the possibility of rape or assault, the daily struggles to stretch insufficient wages so that the family eats, encountering yet another building that is not wheelchair accessible, and seeing once again in people’s eyes that they do not find you fully human. (p. 1308)

While transgenerational trauma is difficult to identify, categorise and assess – giving it little diagnostic value – Eagle and Kaminer (2015) hold that it clearly has social purchase and resonates with the lived experiences of those subject to its effects.

2.2 The nature of trauma as experienced by youths

Exposure to traumatic events does not favour according to age, gender, class or race. One might argue that it is a natural risk we face living in this world – likely to affect us all, in one way or another, at some point in our lifetimes. A vast amount of literature on trauma has been dedicated to investigating how trauma affects the individual.

Traumatic experiences in childhood can have a dramatic impact on the total functioning and development of the child. Racco and Vis (2015) argue that significant adverse effects of childhood trauma include impeded cognitive, psychological, affective, physical, interpersonal and behavioural functioning. While not all youths experience difficulty when exposed to trauma, Jordan, Perryman and Anderson (2013) argue that the intensity of its effects typically depends on factors such as the child's stage of development, the quality of parental support, present physical and psychological conditions and personal experiences regarding the traumatic event.

In exploring the nature of trauma experienced by youths, it is important to note that there are distinguished differences between the way symptoms of trauma manifest in children as opposed to adults. The child's perception and interpretation of the traumatic event, the ability to express one's self verbally and the ability to organise memories, are notably different from that of an adult – which ultimately influences the responses and symptoms of childhood trauma exposure (Racco & Vis, 2015).

Children are a particularly vulnerable group to the effects of trauma, primarily due to the fact that their neurobiological systems are subject to permanent changes and their coping skills are not developed enough to manage crises in the face of trauma (Jordan et al., 2013). Putman (2009, as cited in Racco & Vis, 2015) argues that there is a critical stage in childhood brain development when a “function or capacity is most easily acquired and after which is difficult or impossible to achieve normal function of that capacity if it has not already occurred” (p. 3). Andersen, Polcari, Anderson and Navalta (2002) add to this by claiming that childhood trauma is especially complex and poses significant risk because it occurs at a stage in which the brain is undergoing immense change, and warn that the impact of severe stress may leave a fixed imprint on the structure and function of the brain.

Extensive empirical research has been focused on the neurobiological effects of trauma on the developing brain. Andersen et al. (2002) use the cascade model, which is built on five factors, to explain these effects. Firstly, on a molecular level, exposure to trauma early in life activates stress-response systems and distinctly alters their organisation to modify their sensitivity and response bias. Secondly, the brain's exposure to these stress hormones affects myelination, neural morphology, neurogenesis and synaptogenesis. The third factor holds that different brain regions differ in sensitivity, which depends on factors such as genetics, timing, rate of development and gender. The fourth factor holds that there are enduring functional changes to the brain as a result of trauma, that include attenuated left hemisphere development, decreased right and left hemisphere integration, increased electrical irritability within limbic systems and diminished function of the cerebellar vermis. The final factor holds that there is a distinct risk of developing neuropsychiatric consequences and vulnerabilities, such as PTSD; substance

abuse; depression; borderline personality disorder and dissociative identity disorder (Andersen et al., 2002).

While this description outlines the effects of trauma on the neurobiological level, it is important to understand why this occurs and how this manifests in the lives of children who have experienced trauma. By drawing on an evolutionary perspective, these neurobiological changes as a result of childhood trauma, are adaptations made to cope with high levels of stress that the individual may expect to encounter throughout the rest of their life (Andersen et al., 2002). Through this, the brain selects an alternative developmental pathway to be equipped for an environment that it needs to survive in, based on early experience. Andersen et al. (2002) explain this further:

If an individual is born into a malevolent and stress-filled world, it is crucial for his survival and reproductive success to maintain a state of vigilance and suspiciousness that enables him to readily detect danger. He will need to have the potential to mobilise an intense fight-flight response and to react aggressively to challenge without undue hesitation and to produce a robust stress response to facilitate survival. (p. 414)

In essence, as a result of trauma, the developing brain hardwires itself in order to survive in what it perceives to be a dangerous and threatening world. This, however, is often more harmful as it is maladaptive in what actually ends up being a more benign environment, and as a result, poses the risk of developing serious psychiatric disorders (Andersen et al., 2002).

Another area with regard to the neurobiological effects of trauma common in the literature, looks at the uniqueness of traumatic memories. Van der Kolk's (1994) theory holds that traumatic memory is split off from an individual's general associative and schematic network (or declarative memory) (as cited in Frueh et al., 2004). Because the experience of trauma has highly emotional qualities, the neurobiological processing of the traumatic material ensures that it is prohibited from interacting with memories of normal everyday events. Van der Kolk (1994, as cited in Frueh et al., 2004) holds that this leads to the organisation of the traumatic memory on a somatosensory level, in the form of visual images or physical sensations. This ultimately prohibits the individual from forming a narrative of the memory of the event, often relaying it in a vastly fragmented account (Zoellner & Bittenger, 2004). This could explain why elements of traumatic memories are so frequently experienced as being relived in the form of unwanted intrusions into consciousness as flashbacks (Frueh et al., 2004). This difficulty in recalling the traumatic memory and relaying it in a verbal narrative, is of particular risk to children. Peltonen and Punama (2010) warn that:

It is important to note that the cognitive functions that trauma tends to impair are exactly those that are extremely important in protecting children's mental health.

Narrative, episodic and verbal memory is essential in integrating traumatic experiences as a part of normal life history, but the impairment of the verbal memory interferes with successful integrative processing of trauma. Flexible, comprehensive and rich cognitive performance is known to enhance recovery from trauma, but severe trauma has been found to be associated with inflexible and narrowed attention and problem- solving strategies. (p. 97)

With the complexities and potentially damaging effects of childhood trauma, there has been a recent move in the literature to clearly distinguish between child and adult trauma, in order to better identify childhood symptoms and therefore treat them. Van der Kolk (2005), particularly concerned with the prolonged and chronic exposure of children to trauma in the form of abuse and violence, proposed the construct of ‘Developmental Trauma Disorder’ (DTD) as a diagnosis for children with complex trauma histories. Complex trauma is a term adopted by the field to describe repeated early-onset trauma, most often of an interpersonal nature. Typically occurring in the child’s caregiving system, exposure could include physical and emotional abuse; educational neglect and child maltreatment (Van der Kolk, 2005). Van der Kolk (2005) argued that:

Because there currently is no other diagnostic entity that describes the pervasive impact of trauma on childhood development these children are given a range of ‘comorbid’ diagnoses, as if they occurred independently from the PTSD symptoms, none of which do justice to the spectrum of problems of traumatised children, and none of which provide guidelines on what is needed for effective prevention and intervention. (p. 8)

While the DSM-IV-TR made no distinction between adult and childhood symptoms of trauma; the DSM-5 (APA, 2013) recognises the possibility of early childhood and pre-verbal traumatic stress symptoms (essentially PTSD for children aged 6 years and younger). This, however, is not entirely consistent with van der Kolk’s construct of DTD.

Research has shown that traumatic experiences in childhood have negative impacts on cognitive, social and emotional development – which ultimately puts the mental health of children at risk (Peltonen & Punama, 2010). Not only does trauma disrupt the child’s developmental progress, but extended difficulties are expected to persist into adulthood (Racco & Vis, 2015). Lambert, Holzer and Hasbun (2014) found that parental PTSD is associated with child anxiety and behavioural problems. Accompanying problems of trauma include developmental regression, separation anxiety, disorganised attachment style, social constrictions and dysregulation of sleep and appetite (Racco & Vis, 2015). With reference to their educational development, children exposed to trauma have been linked to lower academic results; decreased social acceptance; increased rates of peer rejection; heightened absenteeism; decreased

reading ability and decreased high school completion rates (Delany-Black et al., 2002; Grogger, 1997; Hurt, Malmund, Brodsky & Giannetta, 2001 as cited in Gonzalez, Monzon, Solis, Jaycox, & Langley, 2016).

A number of research studies have emphasised the link between trauma and psychiatric disorders. While PTSD is the most probable link, it is important to note that PTSD is not the only symptomatic manifestation of trauma. Kiser et al. (1991, as cited in Andersen et al., 2002) found that abused children and adolescents who did not develop PTSD, presented with symptoms of anxiety, depression and externalising behaviours. Similarly, trauma exposed youth, if left untreated have been found to develop mood disorders, eating disorders, anxiety disorders, self-injury and substance abuse (Racco & Vis, 2015). In worst cases, the DSM-5 (APA, 2013) draws a link between traumatic events (such as childhood abuse) with the increase of suicide risk, where PTSD is associated with suicidal ideation and suicide attempts.

While not every youth who experiences trauma will go on to develop PTSD, it is important to note that partial symptoms of PTSD still pose a significant risk on the mental health of the individual (Gonzalez et al., 2016). In line with this, studies have shown that individuals with subthreshold PTSD reported impairment of occupational; social and home functioning – comparable to that of full PTSD (Marshall et al., 2001). Furthermore, subthreshold PTSD has been found to be as common as full PTSD and is associated with substantial impairment (Marshall et al., 2001).

With particular reference to the developmental phase of adolescence, Erikson's (1963, as cited in Hook, 2002) psychosocial stages of development importantly describes adolescence as being defined by the struggle between identity versus role confusion. Besides this phase being characterised by rapid hormonal and physical changes of puberty, the adolescent is faced with the arguably even greater challenge of identity formation. According to Erikson (1963, as cited in Hook, 2002), "identity refers to a sense of being at one with oneself as one grows and develops, and to an affinity between the individual and his or her social roles and community ties" (p. 279). The aims of this stage are viewed as developing an integration of ego identifications, personal aptitudes and social opportunities into a solid identity (Hook, 2002). While possible developmental maladaptations can include social withdrawal and isolation, substance abuse and anti-social behaviours (Hook, 2002). Ultimately, the positive resolution of this phase involves the adolescent becoming a member of society, while still being their 'own' person with an autonomous identity (Hook, 2002). In light of this developmental phase of adolescence, Schiavone (2009) conducted a study which explored the effects of trauma on adolescent identity development. The study, that particularly focused on the effects of exposure to community violence on adolescents, found that such experiences are detrimental to their sense of well-being (Schiavone, 2009). The study revealed that adolescents faced with community violence displayed survival mechanisms of distrust, avoidance and isolation in order to cope with the confusion, emotional distress and fear associated with trauma

(Schiavone, 2009). The study also found that because the adolescents' environment failed to provide safety, security and support for their healthy development – the adolescents reported that they felt that they had to face the world alone (Schiavone, 2009).

Such findings illustrate how the effects of trauma can pose the risk of initiating several maladaptive developmental pathways. However, research into the more positive concept of 'Posttraumatic Growth' (PTG) is worth addressing. This concept, which is primarily viewed as a positive and adaptive phenomenon, deals with posttraumatic resiliency and involves the ability to develop personal resolutions following a traumatic event (Eagle & Kaminer, 2015). A growing body of research shows that positive changes can take place in response to experiencing a traumatic event. Sleijpen, Haagen, Mooren and Kleber (2016) explain that PTG can manifest itself in the form of an increased sense of personal strength, improved interpersonal relationships, positive changes in life priorities and developing a richer existential and spiritual life. Sleijpen et al. (2016) identify dispositional optimism and social support as being important factors that are linked to PTG in trauma survivors.

2.3 Trauma within the South African context

South Africa's recent history of the political violence and oppression of apartheid has exposed a vast number in our nation to primary and secondary traumatic experiences, such as physical and sexual assault (Atwoli, Platt, Williams, Stein & Koenen, 2015). Similar rates of violence have persisted into post-apartheid South Africa, which Atwoli et al. (2015) argue is "perpetuated by social inequality and economic disparity and a legacy of underinvestment in education and skilled job training" (p. 1235). As such, South African citizens' exposure to traumatic events is still common, even if the type of traumatisation has shifted from being political to largely criminal in nature (Atwoli et al., 2013). Alongside this, our country has high rates of child abuse; community violence and suffers the devastating effects of the HIV/Aids pandemic (Meinck, Cluver, Boyes & Ndhlovu, 2015).

It is therefore not surprising that The South African Stress and Health Study (SASH), the first nationally representative study of mental disorders in Africa, found a high prevalence of trauma throughout the country (Atwoli et al., 2015). Three in four South African adults reported experiencing at least one traumatic event, and over half reported experiencing multiple events (Atwoli et al., 2015). The average person exposed to any lifetime traumatic event reported an average of 4.3 occurrences (Atwoli et al., 2013).

Cortina et al. (2013) conducted a study that investigated childhood psychological problems in rural school settings in 1,025 South African children from the ages of 10 to 12. Their results indicated significant

posttraumatic stress symptoms of 24% of the sample, with a quarter admitting to feeling unsafe at school. A similar study by Peltzer et al. (2007) on rural children in South Africa found that 8% fulfilled the criteria for PTSD, while 67% had experienced a traumatic event.

The Child and Adolescent Psychiatry Unit at Tygerberg Hospital in Cape Town, in a retrospective chart review, found PTSD to be one of the most commonly occurring disorders (Calitz, de Jongh, Horn, Nel & Joubert, 2014). Ensink et al. (1997, as cited in Calitz et al., 2014) conducted a study in Khayelitsha to determine exposure to violence in youths aged 6 to 16 years. The entire sample reported exposure to indirect violence, with 95% having witnessed violent events; 56% having experienced violence directly and 22% meeting the criteria for PTSD. A study that investigated the trauma exposure and posttraumatic stress symptoms in urban African schools, with a sample of 2041 learners from 18 schools in Cape Town, found that 58% had witnessed violence; 14% had been physically assaulted by a family member and 14% had also experienced sexual assault. 22.2% met the full criteria for PTSD, while 12% met partial symptoms for PTSD (Seedat, Nyamai, Njenga, Vythilingum & Stein, 2004). The most common forms of traumatic events experienced by South Africans has been shown to be the unexpected death of a loved one and witnessing trauma happening to others (as revealed by Atwoli et al., 2013; Atwoli et al., 2015 and Peltzer et al., 2007). Given these alarming findings, an obvious conclusion is that the vast majority of South African youths are at risk of experiencing the negative effects of trauma.

This poses an even greater concern for South African youths when considering the harsh reality that mental health care is delivered in the setting of scarce services and unequal access (Kriegler, 2015). To illustrate the shortage of services, it has been reported that there are only 0.28 psychiatrists and 0.32 psychologists per 100 000 South African citizens (Burns, 2010, as cited in Kriegler, 2015). When there are mental health care professionals available, they are most commonly positioned within wealthy urban areas, leaving poor rural areas devoid of services (Kriegler, 2015). State-funded mental health services remain solely limited to emergency management, leaving most children untreated against the negative effects of trauma.

In attempting to fully explore trauma within the South African context, one needs to consider whether the Western construct of trauma and its corresponding DSM-5 system can be validly applied to the African context (Sorsdahl, Stein & Lund, 2012). Through Kriegler's (2015) social constructivist perspective on the matter, she warns that:

We should be particularly careful in implementing psychiatric diagnostic systems in a country where, in the aftermath of the traumas of apartheid, vast numbers of children and youth are exposed to the cumulative risks associated with poverty and malnutrition, educational disadvantage, violence and abuse, and the HIV/ AIDS

pandemic. Because psychiatric diagnoses in children, by definition, place the problem squarely within the child, careless implementation of the biomedical model of ‘mental disorder’ could be one more way of oppressing those who are made vulnerable by the multi-dimensional consequences of early and chronic traumatisation in the aftermath of apartheid. (pp. 604-5)

Kriegler (2015) goes on to highlight some of the consequences of the stigmatisation of a diagnostic label, which include creating barriers to education, employment, housing and social acceptance. With particular reference to children experiencing trauma in South Africa, Kriegler (2015) describes PTSD as “a bag of contextless symptoms, divorced from the complexities of people’s lives and the social structures that give rise to them” (p. 609). In other words, one cannot view trauma as a problem within the child without taking into account its system of influence, such as political, social and economic problems that either cause or perpetuate the trauma. In line with this, Edwards (2012) points out that a strong wave of critical psychology literature emphasises “the sources of trauma in abuse of power, state repression, endemic conflicts between communities and cycles of poverty and violence, and the need for political, societal and institutional change” (p. 122).

2.4 Poststructuralism as a theoretical approach to narrative therapy

In a postmodern era, we are continually forced to question certainties that were previously assumed to be truths. The theory, practice and principles that govern the narrative therapeutic approach undoubtedly do exactly this. Poststructuralism has a pivotal theoretical influence on narrative therapy, as it is the theoretical approach that most fully lends itself to narrative ideas.

It has been argued that what we are left with in this postmodern age, are the stories we tell one another (McLeod, 2003). Immersed in the boundlessness of narratives, we are forced to acknowledge and appreciate the diversity of stories that exist in a multicultural world. Through this, narrative therapy attempts to confront issues of meaning, subjectivity, ethics and power under the theoretical perspective of poststructuralism (Besley, 2002).

Poststructuralism emerged as a response to structuralism, which tried to seek universal truths about the world and held the underlying assumption that there are central fixed structures which govern everything (Thomas, 2002). These structuralist assumptions influenced psychology through:

The understanding that people can be studied in the same way that objects are studied. This involved seeing people as separate, discrete units, unrelated to others. Structuralism also implied that it was possible to study other people impartially and objectively. Structuralism implied that deep down, somewhere, we

could find ‘the inner self’ and therefore ‘the truth’ of the person’s identity. (Thomas, 2002, p. 86)

Poststructuralism challenges the rationalism that underpins structuralism’s emphasis on the scientific method and questions its notion that all human cultures and the human mind can be understood in terms of underlying universal structures (Besley, 2002). Moving away from universal truths, poststructuralism shifts towards placing an importance on understanding difference (Besley & Edwards, 2005). This pays homage to the diversity of culture, class, ethnicity and gender in our global community. It too serves as a theme for understanding the dynamics between ‘self’ and ‘other’ (Besley, 2002). Highlighting the underlying principles of poststructuralism as a theoretical perspective, Combs and Freedman (2012) explain that:

Poststructuralists believe that it is useful to focus on contextualised meaning making, rather than on universal truths or an all-encompassing reality. In this meaning-focused approach, culture, language, and discourse are explored in terms of how they contribute to the experience and identity of people in context. Proponents of poststructuralism seek specific details of particular people’s experience. Lives are valued in terms of how they embody exceptions or uniqueness, rather than how they fit general categories. (p. 1036)

Through this, it is clear that poststructuralism finds meaning in context, where people can be understood in terms of their subjective human experience. Placing an emphasis on difference and the uniqueness of people, poststructuralism acknowledges the marginalised, those whose voices have been previously silenced. Combs and Freedman (2012) explain that:

Narrative therapists work to support people’s preferred life choices, regardless of whether those choices have been marginalised by the dominant culture. (They) help link people who are working to overcome particular kinds of marginalisation together so that they do not have the experience of being alone in their struggle. (p. 1054)

In line with this, Besley and Edwards (2005) argue that Foucault’s ideas on power have been hugely influential in the development of narrative therapy.

Foucault’s notion of ‘modern power’ refers to power that is carried in discourses, which more privileged people in society have influence over (Combs & Freedman, 2012). These discourses carry an implicit power which is not always blatantly obvious to people. Combs and Freedman (2012) point out that “the norms and expectations of a culture are communicated through discourses, and they become taken for granted. Unless we look, listen, and feel for them, they are invisible” (p. 1037).

For example, men are still often portrayed as earning more money than women in heterosexual relationships. Such gender discourses feed people's perceptions of what it means to have a 'normal' relationship and govern people's expectations of this –often causing people to believe they have problems if they don't match up to the 'norm' carried by dominant discourses or 'meta-narratives'. To illustrate this further, Combs and Freedman (2012) add that:

We tend to try to live up to dominant discourses, to compare ourselves to what they deem good, or normal, or successful, and to judge ourselves through these comparisons. However, once we learn to look for the workings of modern power, we can question its influence. We can choose to align ourselves with other discourses and commit ourselves to other purposes. (p. 1039)

Through this, it is clear that poststructuralism holds that, because we are all part of a culture, we are all implicitly caught up by its discourses. Discourses can impose severe limits on people through Foucault's notion of 'modern power'. Narrative therapy works to expose dominant discourses that fuel these problems, and gives people the opportunity to create meaning through their own narratives –generating new possibilities for their lives.

One important element of poststructuralism that has influenced narrative therapy is the 'interpretive method'. Poststructuralism showed a turn away from 'experts' making interpretations about other people's lives towards people as the experts in making interpretations and meaning of their own lives (Combs & Freedman, 2012). Ultimately, according to poststructuralism, one cannot know objective reality, so all knowing requires an act of interpretation (Besley, 2002). And because of this, "narrative therapists seek to continually develop ways of thinking and working that bring forth the stories of specific people in specific contexts so that they can lay claim to and inhabit preferred possibilities for their lives" (Combs & Freedman, 2012, p. 1040).

Another vital element of narrative therapy that adopts the poststructuralist stance is the understanding that people's identities are not fixed, but are instead fluid and are therefore always in the process of being created and recreated (Thomas, 2002). Stories and experiences that inform our identity and sense of self are found in our context (Combs & Freedman, 2012). Ultimately, "narrative practice is based on the belief that our sense of self is socially constructed and exists in relationship to other people" (Carey & Russel, 2003, p. 68). For this reason, narrative therapy views people as the privileged authors of their own stories and the experts of their lives. Similarly, poststructuralism has influenced narrative therapy by turning the 'gaze' on therapists themselves and questioning power relations that exist in therapy. For this reason, narrative therapists decentre themselves so that the client is at the centre of their own therapy (Besley, 2002). With this, they have the responsibility to continually examine their own perspectives and prevent imposing their ideas on others (Thomas, 2002).

2.5 The processes of narrative therapy in practice

2.5.1 Externalising the problem

Besley (2002) points out that stories are fundamental in shaping people's lives and relationships, which are open to a variety of interpretations and meanings. When people have 'problem-saturated' narratives, by externalising the problem, the influence that problems have in people's lives can be explored (Besley, 2002). This notion of externalising the problem as separate from the person, is arguably the most commonly known theoretical construct of narrative therapy (Combs & Freedman, 2012). Narrative therapy views problems as products of culture and history, where they are seen as being socially constructed over time, as opposed to being within people (Carey & Russel, 2002). By acknowledging that problems are a result of 'modern power' (held in discourses such as culture, class, gender and sexual identity), people are able to separate their identities from these problems. Carey and Russel (2002) deepen this point further by explaining that:

When it is understood that people's relationships with problems are shaped by history and culture, it is possible to explore how gender, race, culture, sexuality, class and other relations of power have influenced the construction of the problem. By giving consideration to the politics involved in the shaping of identity, it becomes possible to enable new understandings of life that are influenced less by self-blame and more by an awareness of how our lives are shaped by broader cultural stories... This opens up a range of possibilities for action that are not available when problems are located within individuals. (p. 77)

White (2007) succinctly relays this notion through the following:

Externalising conversations in which the problem becomes the problem, not the person, can be considered counter-practices to those that objectify people's identities. Externalising conversations employ practices of objectification of the problem against cultural practices of objectification of people. (p. 26)

In order to guide the process of externalising conversations, White (2007) proposes a set of practices that can be followed in constructing a 'Statement of Position Map'. This involves four steps of principle categories of enquiry that constitute externalising conversations (Angus & McLeod, 2004). White (2007) points out that drawing out these four categories of enquiry serves to unpack externalising practices, making them available for replication; unique application and further development in practice.

The first category of inquiry involves negotiating a particular, 'experience-near' definition of the problem (White, 2007). This first stage essentially involves naming the problem, however, how this problem is

named is vital to the process. It is important that what gets externalised is named in a way that fits specifically well for the person concerned and their experience of the problem (Carey & Russel, 2002). It needs to be unique and personal to the individual and “based in their understanding of life” (White, 2007, p. 40). One way of doing this is to talk to clients about their problems in the words and images that they themselves describe them in (Angus & McLeod, 2004). Alternatively, certain questions can be used to draw out a name for the problem such as, ‘What would you call this thing that has been holding you back?’ (Angus & McLeod, 2004). This stage requires a level of creativity and playfulness (for example, *Mr Magnet* to represent the problem of separation anxiety). Images and personifications are encouraged, which McMahon (2000) argues children are especially good at because of their rich imaginations and affinity towards fantasy worlds.

When a definition of this kind is created, the problem develops a rich characterisation, which makes the client more knowledgeable about it (White, 2007). White (2007) points out that the therapist needs to be diligent in staying away from structuralist definitions of the problem –those that are totally negative and dualistic, as they emulate dominant discourses and could ultimately add to oppressive internalised stories (McMahon, 2000). During this stage, White (2007) argues that “people become aware of the fact that they do possess a certain know-how that can be further developed and used to guide them in their effort to address their problems and predicaments” (p. 43).

The next category of inquiry maps the effects of the problem on the different domains of living (White, 2007). These can broadly be defined in four categories which involve the immediate context (such as home, school, the workplace); relationships (with oneself, family and friends); identity (purposes, hopes, dreams, aspirations, values) and the future (possibilities and life horizons) (White, 2007). This stage represents a major element of externalising conversations, as it involves exploring the effects of the problem on the person’s life in detail. One can establish this by asking questions such as, ‘What does *Mr Magnet* keep you from doing?’ and ‘How does *Mr Magnet* come between you and your mother?’ for example. While the therapist does not need to enquire into all domains of the person’s life, this stage should be seen as a mapping of the main consequences of the problem and those that seem most significant to the person (White, 2007). This stage of the process is intended to put the externalising conversation on a firm footing. Angus and McLeod (2004) elaborate:

In externalising conversations, we want to hear about the effects of problems. When we ask about the effects of a problem on people's lives and relationships, they can stop thinking about themselves or their relationships as inherently problematic and, instead, consider their relationships with problems and whether they want to revise them. (p. 142)

This stage allows one to identify what sustains the problem, and can therefore lead to an increased understanding of it and potentially develop options for avoiding its negative effects (Carey & Russel, 2002).

The third category of inquiry involves evaluating the effects of the problem's activities, which were established in the previous stage (White, 2007). Once a list of the effects of the problem has been generated (which White refers to as 'editorials') from stage two, the therapist supports people in evaluating each effect. This can be achieved by using a specific mode of questioning such as, 'How do you feel about these developments?' and 'Where do you stand on these outcomes?' for example. Such questions ultimately make it possible for the person to establish their position in relation to the problem (Carey & Russel, 2002). White (2007) suggests that it is useful to refer to editorials in this stage so that people have a prompt base from which to reflect when answering the evaluation questions. It is important to note that this stage requires time to really get to the depth of the person's position on the problem, as Carey and Russel (2002) point out that "inviting people to take a position in relation to the problem creates further space for people to begin to reclaim their lives from the problem's effects, but it needs to take into account the complexities of experience" (p. 79).

The fourth inquiry category involves justifying the evaluation established during the previous stage. During this stage the therapist enquires about the reasons, values and motivations that form people's evaluations (Angus & McLeod, 2004). This essentially requires the use of 'why' questions such as, 'Why is this not okay for you?' and 'Why do you feel this way about the development?' (White, 2007). While 'why' questions have typically been frowned upon in the past, White (2007) argues that they

play a profoundly significant role in helping people to give voice to and further develop important conceptions of living, including their intentional understanding about life... their understanding about what they value in life, their knowledge about life and life skills, and their prized learnings and realisations. (p. 49)

Through this, people can form positive identity conclusions that shift those associated with the problem definitions of their lives (White, 2007).

Having explored how problems can be externalised according to the Statement of Position Map, it is important to note that externalising conversations do not merely focus on problems. While many would expect only negative elements and problems to be externalised, it is vital to understand that positive internalised qualities are also externalised (Carey & Russel, 2002).

2.5.2 Re-authoring conversations

During externalising conversations the therapist needs to be alert to moments when the influence of the problem is not so strong, which are known as ‘unique outcomes’. Angus and McLeod (2004) explain that “a unique outcome is any event that would not have been predicted by the plot line of a problem-saturated story” and can come in the form of a plan, action, statement, feeling, desire, commitment and so on. Carey and Russel (2002) argue that “externalising ‘the good things’ means that these can become more richly described” (p. 82). Through questioning and reflection, these ‘sparkling moments’ end up being the ingredients from which to form preferred storylines.

Like that of the practical guide to externalising the problem, White (2007) offers a guide to externalising unique outcomes, known as the Statement of Position Map, Version 2. This version of the map consists of the identical four basic categories of enquiry as the last – with the only major difference being that unique outcomes replace the problem. White (2005) adds that the “four categories of inquiry provide a scaffold that contributes to options for people to load the unique outcome... of their lives with significance” (p. 7). While the steps taken and questions asked in the Statement of Position Map Version 2 are essentially the same as the first (but just directed at the unique outcome) – it is important to note that this material is used to generate alternative storylines for people’s lives, away from the problem-saturated storyline (White, 2007). It too can be valuable in assisting the therapist in maintaining a decentred but influential position in therapy – decentred as it prevents the therapist from authoring the client’s story and influential as the therapist provides structure to the process of identifying unique outcomes (White, 2007).

Having explored how Statement of Position Maps can act as a framework to guide the process of externalising and re-authoring conversations, it is vital to add that this should be seen more as an attitude, than as a technique. Freedman and Comb (1996, as cited in McMahon, 2000) warn that “if you don’t believe, to the bottom of your soul, that people are not their problems and that their difficulties are social and personal constructions, then you won’t be seeing these transformations” (p. 349).

Once externalising and re-authoring conversations have been thoroughly explored with the client, this then opens doors to make use of other narrative strategies. Carey and Russel (2002) point out that such practices can include outsider witness processes, the use of therapeutic letters and celebrations, which can be used to enhance the development of people’s preferred stories - ultimately allowing people to make important changes in their lives.

2.5.3 Strategies used within narrative therapy

The use of therapeutic documents is a unique strategy used within the narrative approach. Fox (2003), acknowledging the elusiveness of spoken conversations, claims that “one of the key purposes of written documents is to record knowledges and preferred stories in permanent form” (p. 25). Therapeutic documents can broadly be separated into four categories which include: letters recording a session; documents of knowledge and affirmation; news documents and documents that contribute to rites of passage (Fox, 2003). Fox (2003) highlights the importance of using therapeutic documents as they

record particular knowledges that a person needs to have available to them at times of crisis... (they) spread the news of preferred stories to others in the person’s family or community (and) contribute to the rite of passage accompanying the end of work together. (p. 26)

In this way, therapeutic documents are intended to act to reinforce progress made in therapy, as well as assist during the process of separating at the end of therapy.

Another useful strategy within a narrative approach is the concept of definitional ceremonies or outsider witness practices. Definitional ceremonies are when the therapeutic setting is structured in the form of a celebration or ritual in order to acknowledge and ‘regrade’ the individual’s life (White, 2005). The individual is given the option of telling or performing his or her narrative before an audience (White, 2007). This audience, chosen by the client, comes to witness and authenticate the preferred story of the child (Carey & Russel, 2003). Emphasising the importance other people have in re-authoring stories of the one’s life, Carey and Russel (2003) point out that “‘definitional ceremonies’ can make a profound difference to the richness of alternative stories and therefore the effects that these stories have on people’s lives” (p. 68).

2.6 A narrative approach to the resolution of trauma for youths

Current approaches to the treatment of trauma tend to place sole emphasis on the traumatic experience that children have undergone. The concept of catharsis in contemporary times urges young people to recount the details of their traumatic experience, under the assumption that this retelling will release the psychological pain caused by the trauma (White, 2006). White (2006) argues that while counsellors often encourage people to give an expression of their experience of trauma, they often do so without considering the potential for this to be re-traumatising for people; or without understanding how this might negatively affect their identity and personal agency in relation to their experience of trauma. White (2006) holds that this ultimately reinforces discourses of victimhood – where those who have experienced trauma are at risk of becoming ‘the other’ and where their identity is structured as being ‘damaged’.

White (2006) points out that “the contemporary discourses of victimhood have serious consequences for child development, and can contribute very significantly to the long-term establishment of a sense of ‘emptiness’ and ‘desolation’ in life” (p. 14).

Not only this, but the current cathartic approaches to the treatment of trauma hold a real risk that through speaking about their experiences of trauma, children will become transported back in time to the reliving of the experience through re-traumatisation (White, 2006). When children relive the traumatic experience, under the guise of treatment, White (2006) argues that this reinforces children’s negative conclusions they hold about their identities and their lives, which ultimately results in an “escalation of a sense of shame, of vulnerability, of hopelessness, of desolation and of futility” (p. 11).

In order to avoid this, and the perpetuation of discourses of victimhood, White (2006) presents clear guidelines for working with children who have experienced trauma. Instead of focusing on the painful details of the traumatic event itself, White (2006) encourages the exploration of children’s responses to the trauma they have been subjected to. Adding that “no child is a passive recipient of trauma” (p. 12), White (2006) found that children typically display responses to trauma that reflect, for example, the preservation of life; the search for support; the finding of safety in unsafe places. These responses, are in essence, the building blocks onto which the preferred story (also known as the subordinate storyline) can be developed. By drawing attention to children’s responses to trauma, White (2006)’s intention is to emphasise:

The fact that the negative consequences of trauma do not represent the whole story of the child’s life and identity, and to give an account of some of the ‘material’ that is ever-available for the sort of subordinate storyline development that construct alternative territories of identity that can be occupied by children giving expression to their experiences of trauma. (p. 12)

Solely focusing on the negative consequences of trauma, would in essence, be an injustice to the child, who they are in their entirety, and their futures. It would place power in the hands of the trauma, and not in the hands of the child where it should rightfully be in order for the child to overcome the experience. Alternative territories of identity (away from discourses of victimhood) allow children to express their experiences of trauma without being re-traumatised in the process (White, 2006). By exploring the child’s responses to trauma, a rich description of the preferred story can be formed, which generally reveals:

1. What children give value to; of what they hold precious – which includes specific beliefs, guiding principles, hopes, dreams, personal integrities, personal ethics, and so on.
2. What children intend for their lives – which includes specific purposes, goals, ambitions, objectives, wishes, quests, pursuits, aspirations, and so on.

3. The knowledges and skills expressed in these responses ...
4. The social, relational and cultural genesis of these responses – which includes the contribution of significant figures in the child’s history (including peers), specific family legacies that can be honoured, significant children’s literature, edifying cultural myth, ethnic traditions and concepts of spirituality, and so on. (White, 2006, p. 13)

Through this psychological repositioning, children are given a voice in context to the trauma and provides the stepping stones of action in order for children to proceed with their lives. White (2006) adds that:

As these subordinate storylines become more richly known and experienced, it becomes more possible for children to take initiatives that are in harmony with what they give value to, with what they intend for their lives, and that are shaped by the knowledges and skills that are of their own histories. (pp. 13-14)

While, with the intention of avoiding re-traumatisation when working with children who have experienced trauma, White (2006) points out that the pain and distress of the trauma should not be overlooked or discredited. In fact, pain and distress act as a channel from which the therapist can help the child identify their responses to trauma. White (2005) considers the psychological pain caused by trauma to be “a testimony to the significance of what it was that the person held precious that was violated through the experience of trauma” (p. 19). This could include for example, one’s moral beliefs about the world, justice and fairness; or their aspirations, hopes and dreams (White, 2005). Emotional distress as a result of trauma can be seen as a tribute to one’s ability to maintain a relationship with that which was dishonoured as a result of trauma (White, 2005). White (2005) views distress as a reflection of one’s “refusal to relinquish or be separated from what was so powerfully disrespected and demeaned in the context of trauma” (p. 20). Through the exploration of pain as testimony and distress as tribute, White (2005) argues that this provides the foundation from which to identify people’s responses to trauma.

Research into White’s (2006) narrative approach to working with the consequences of trauma has provided some illuminating outcomes. Mitchell (2006) spent a year working as a volunteer psychologist in the Gaza Strip, where she adopted narrative ideas in debriefing Palestinians after experiencing trauma. Like White (2005; 2006), she was weary of the potential of conventional forms of trauma debriefing to inadvertently cause re-traumatisation – and as a result, was interested in adopting alternatives to the dominant model of debriefing. With the intention of wanting to allow people to re-tell their stories from a safer position, Mitchell (2006) used two lines of questioning based on a narrative approach to the resolution of trauma. The first line of enquiry involved exploring what had become devalued or

dishonoured for the person as a result of the trauma – which could include elements like one’s beliefs, values, hopes and dreams for the future (Mitchell, 2006). The second line of enquiry involved exploring how the person managed to survive the traumatic experience – ultimately, what sustained the person and allowed him or her to get through the difficult experience (Mitchell, 2006). Mitchell (2006) describes this process through her work with a group of children who had to flee their neighbourhood because of military force, where they were subjected to tanks; helicopters; gunfire and missiles. In expressing what had been devalued for them, the children acknowledged that their tears and their difficulties in breathing, eating and sleeping – were all the result of people dying; houses being destroyed; mines being planted and fields being burnt (Mitchell, 2006). Here, the children’s psychological distress acted as a testimony to what had been dishonoured for them through the on-going trauma. Through the second line of enquiry, the children expressed their ability to survive the traumatic experiences through supporting each other; talking to one another; playing games together and keeping their minds on the future to when they would be safe again (Mitchell, 2006). This led Mitchell (2006) to the idea of documenting the children’s skills and knowledges on “how to manage the effects of a military attack” (p. 108). This not only reinforced the children’s preferred stories of survival, but too acted as a guide in case there should be another attack. It also allowed the children to draw other children into their group, where they shared their ‘tips’ of survival with them (Mitchell, 2006).

Yuen (2009), who has spent a vast amount of her career working with people who have experienced recurrent trauma in Canada, puts forward the notion of “less pain, more gain” in an attempt to deconstruct the “no pain, no gain” trauma healing discourse. Through her case study of Susan who experienced complex childhood trauma, Yuen (2009) emphasises the importance of creating a safe territory of identity for people to give expression to their experiences of trauma in therapy. Yuen (2009) found that when Susan was standing in the territory of being a caring and compassionate woman who would do anything to protect those she loves (as opposed to the ‘damaged goods’ identity she held at the onset of therapy) – it was more possible and much safer for her to talk about and give meaning to her past trauma without reliving it.

Gentoso (2012) spent time working in a clinical hospital in Chile that was responsible for treatment resulting from industrial accident insurance claims. His work entailed attending to so-called ‘difficult patients’ who after experiencing a traumatic accident, showed few signs of recovery after extensive treatment. Gentoso’s (2012) time with his clients was extremely limited, so through the attempt to have a rich conversation about one’s experiences of trauma in a single session, he devised a useful interview structure. The methodology of the interview, based on White (2006)’s approach to working with trauma, is aimed at exploring one’s responses to the traumatic experience in order to develop a preferred story. Illustrating the implementation of his interview structure, Gentoso (2012) used the case study of Ivan,

who suffered chronic back and shoulder pain as a result of a rubbish truck accident while he was working. At first, Ivan believed he had done nothing in the situation to even warrant ‘being saved’, however, his preferred story soon emerged as being fully active during the traumatic accident in order to protect what he values, such as his physical integrity; his family; his life; and his desire to help others (Gentoso, 2012).

Within the South African context, Appelt (2006) conducted a qualitative study in the community of Lavender Hill in the Western Cape. The study sought to describe a narrative approach to therapy for trauma through five family-based case studies. It was found that a narrative approach to trauma offers contextual and resilience-focused practices aimed at the empowerment of people, families and communities (Appelt, 2006). Appelt (2006) supported the argument that narrative therapy is particularly relevant and suitable in the context of low-income communities in South Africa. Despite this, research focused specifically on child and adolescent trauma within a narrative approach in South Africa, remains largely unexplored.

2.7 The use of expressive arts in the resolution of trauma

The discipline of art therapy uses creative expression to provide individuals with a safe passage for expressing thoughts and emotions with the aim of facilitating recovery from psychological trauma (Eaton et al., 2007). Research into child and adolescent trauma has proposed that the use of art in therapy is a holistic approach which can be applied to all youths, despite developmental, cultural or cognitive diversity (Racco & Vis, 2015). It has been shown that art therapy allows children a channel through which they can express emotions and communicate their experiences of trauma (Malchiodi, 2012; Talwar, 2007). It is also said to empower individuals with a sense of self-agency and control, following difficult traumatic events (Talwar, 2007). Studies have found that the use of art in therapy with youths who have experienced trauma increases coping skills and reduces symptoms related to trauma (Eaton et al., 2007; Lyshak-Stelzer et al., 2011; Racco & Vis, 2015).

In the work of trauma, art therapy proposes that the sensory and physical act of art-making accesses traumatic memories in a way that words cannot. Van der Kolk (1994, as cited in, Frueh et al., 2004), supported by many others, proposes that traumatic memories are not stored as declarative memories, but rather as visual sensory memories (as discussed in Chapter 1). In the case of individuals who are either unwilling or unable to put their experience of trauma into a narrative, it is said that art-making acts as a good starting point to develop this kind of dialogue. Lev-Wiesel and Liraz (2007) add that “the drawing activity prior to a narrative serves as a sort of preliminary dialogue that provides a schematic, visual description of the trauma which is then reorganised into a narrative” (p. 72).

As such, drawing is said to stimulate talking about one's difficult experience of trauma. Malchiodi (2007) argues that "because art expression is not a linear process and need not obey the rules of language, such as syntax, grammar, logic, and correct spelling, it can express many complexities simultaneously" (p. 12).

Particularly in the case of children who do not necessarily have the vocabulary to describe their thoughts and feelings, the non-verbal act of art-making can serve as a window to the content that might not be accessible through words alone (Malchiodi, 2007). Furthermore, because traumatic memories often encompass visual images and other senses, art is said to be a valuable means of expression – allowing children to communicate elements of their trauma through even the most basic of drawings (Malchiodi, 2007).

Klopper (2007) conducted an interesting research study at a school in the Western Cape, where a tragic bus accident claimed the lives of three children. The study sought to explore adolescents' experience of the shared traumatic event through the use of drawings within a psychoanalytic approach. Klopper (2007) found that the use of drawings acted as a non-confrontational facilitator enabling the participants to express their difficult feelings of the traumatic event, that may otherwise have been silenced. Klopper (2007) also found that drawing acted as a means for the participants to express their views on social injustices, ultimately empowering them as a marginalised group.

While art therapy is a respected and growing discipline, Levine (2005a) argues the arts are not valued for their own intrinsic qualities, but are rather seen primarily as methods to enhance existing psychotherapeutic practices. He adds that:

The work itself and the process of art-making that produced it are not understood in their own terms but rather within an already established point of view based on a psychology, however valuable in itself, for which art is a secondary phenomenon.
(p. 9)

2.8 The integration of drawings within a narrative therapy framework

While narrative therapy primarily uses a verbal approach to externalising the problem, many practitioners have incorporated the use of creative activities to aid the process of externalisation (for example, Freeman et al., 1997). It is postulated that by bringing art-making to narrative therapy, the art expression becomes a form of externalisation that carries added benefits to the therapeutic process (Riley & Malchiodi, 2012; Cobb & Negash, 2010). Riley and Malchiodi (2012) explain that:

A drawing, painting or collage of the presenting problem is a natural way of separating the person from the problem because through art the problem becomes

visible. It allows the person to literally 'see' the problem and to think about it as something outside him- or herself (p. 109)

This allows individuals to develop an understanding of the problem as separate to one's self and in turn, provides a means to rework images in preferred stories (Malchiodi, 2007). Cobb and Negash (2010), as well as and Carlson (1997), argue that drawing one's problem is the most literal means of separating the problem from the person, which can help both client and therapist discuss the problem in an externalising way. Keeling and Bermudez (2006) add that such physical externalisations through art help clients adopt externalising language which ultimately loosens "their dominant stories' depiction of their problems as fixed, inherent flaws" (p. 406).

It has been argued that art therapy and narrative therapy hold certain theoretical beliefs in common that are consistent with one another (Carlson, 1997; Cobb & Negash, 2010 and Caddy, 2009). Carlson (1997) claims that among these are "the ideas of recapturing hidden aspects of self-expression or lived experience, the principle of co-construction in understanding the therapeutic relationship, and the belief in the creative abilities of persons" (p. 273).

In both approaches, the positioning of the therapist ensures that he or she is not an objective observer but rather an active entity where the co-creation of alternative outcomes for the client becomes possible (Carlson, 1997). Whether it is self-expression or the ability to develop preferred narratives of one's identity and possible future – both approaches depend on the creative ability of individuals. Adopting expressive art techniques within narrative therapy essentially offers a multitude of ways to enhance this on-going meaning-making process (Caldwell, 2005).

Another tenant where art-making lends itself to narrative therapy, is through the devices of therapeutic documents and outsider witnesses. Having a physical picture that documents the client's process – something that the client can see, touch and feel – can act as a therapeutic document that reconfirms one's preferred story. Similarly, these created pictures can be shown to significant others in the client's life, who act as outsider witnesses to the client's progress, where they present as powerful tools for change (Carlson, 1997). Cobb and Negash (2010) add that "the concrete object developed through the artistic process provides the client with a tool with which they can share their stories of newly developed relationships to the problems with others" (p. 58).

Michael White himself used art-making to aid the process of externalisation, particularly with younger children. In the case of Jeffery who struggled with the influence of ADHD on his life, he portrayed what he labelled as 'AHD' as a 'mutant ninja' in a painting (White, 2007). Through this, Jeffery was more open to

telling White “stories about some of the tricky things that his ADHD had got up to, and about how he had managed to intercede to save the day” (White, 2007, p. 18).

While it might be argued that many narrative therapists incorporate the use of creative activities in their practice, such cases remain scarcely documented in the research literature. Caddy (2009), working within a narrative therapeutic approach, allows her clients a diverse range of creative activities to draw on in her practice. She documents a case study of ‘N’ who, with a diagnosis of dissociative identity disorder, had a fragmented sense of self. Through a co-written dialogue between N and Caddy (2009), the paper documents how, through the painting of mandalas, N developed a new identity that she described as being ‘more me than we’. Together they show the success of incorporating art-making within narrative therapy for the progress achieved in N’s case.

Carlson (1997) demonstrated through the case study of Misty, how self-portraits can help clients tell their stories, particularly for those who have trouble expressing themselves verbally. Carlson (1997) showed that through Misty’s drawings, she was able to externalise anger in her life, as well as how it affected her family members. In this case, art was used as a tool to locate the problem Misty had internalised and in turn, allowed for the dialogue of externalisation to proceed. Carlson (1997) explains that the

drawings served as a way for Misty to see the progress that she had made in taking back her life in much the same way as letters are used to document such progress. Misty’s drawings also served as a way for us to continue our externalising conversations. With each new drawing, Misty’s relationship to the problem changed. She was beginning to separate herself from anger. (p. 279)

Keeling and Bermudez (2006), in perhaps the only quantitative study in this research area, reflected the voices and experiences of 17 participants who engaged in an innovative externalisation exercise combining the creative processes of sculpture and journaling. During the four-week intervention period, Keeling and Bermudez (2006) found that the intervention helped the participants express their emotions; increased their awareness of personal resources and agency; helped them separate their problems from themselves; decreased symptoms and problem behaviours; and fostered a sense of empowerment. Keeling and Bermudez (2006) supported the finding that physical externalisations of problems through creative methods and intentionally interacting with them over time, can be useful within the narrative therapy framework. Keeling and Bermudez (2006) highlighted that such creative techniques used within narrative therapy can be useful extensions to brief therapy, particularly in the form of ‘homework’. The researchers also added that they are particularly useful in populations that have limited access to psychotherapeutic services.

One area in which narrative therapy has been criticised, is that its methods are highly cognitive and language-based (Hanney & Kozłowska, 2002). Narrative therapy's techniques, therefore, pose the risk of being exclusive, rather inclusive – particularly for those unable or less willing to verbalise their thoughts and feelings. While attempts have been made to make narrative therapy more inclusive for young children (Hanney & Kozłowska, 2002), such as through the use of creative techniques described above, no documented attempts have explored this with youths who have experienced trauma within a clear narrative framework.

2.9 Conclusion

This chapter has sought to review the relevant literature related to this research study. It began by defining trauma, from which it was established that despite numerous definitions, the way trauma manifests from a traumatic event is ultimately a subjective experience that differs from person to person. By exploring the nature of trauma as experienced by youths, it was made clear that trauma holds the risk of causing various detrimental and maladaptive developmental pathways – ultimately threatening the healthy transition into adulthood. Through the examination of trauma within the South African context, it was shown that our country has an alarmingly high prevalence of trauma, where adequate treatment is largely inaccessible by the majority of South Africans. As an attempt to address this issue, a thorough explanation of narrative therapy as an approach to trauma was presented. It was shown that narrative therapy in the resolution of trauma focuses on avoiding re-traumatisation and 'victimhood', and rather focuses on generating one's self-agency in response to trauma. The use of expressive arts in the resolution of trauma was then explored, where it was proposed that creative expression can aid individuals in expressing elements of their traumatic experience, which youths typically find difficult or are unwilling to express verbally. Through this, expressive arts are said to guide the resolution of trauma in a way that talking therapies alone cannot achieve. The chapter concluded with an exploration of integrating the use of expressive arts within a narrative approach to therapy, where the benefits of using a combination of both in the resolution of trauma were put forward. The following chapter will detail the theoretical underpinnings that informed the research design and methodology of this research study.

3

RESEARCH DESIGN & METHODOLOGY

3.1 Introduction

Creswell (2013) compares the process of qualitative research to that of making a complex fabric. He uses the metaphor of

Qualitative research as an intricate fabric composed of minute threads, many colours, different textures, and various blends of material. This fabric is not explained easily or simply. Like the loom on which fabric is woven, general assumptions and interpretive frameworks hold qualitative research together.

(p. 115)

This chapter serves to explore the particular ‘fabric’ of this research study. An important link lies between the philosophical assumptions and beliefs that the researcher holds and this in turn, influences the framework that guides the research enquiry. As such, this chapter will begin by exploring the underlying philosophy of this research study. It will detail the basic set of beliefs that have guided this research process, particularly in terms of its paradigm and theoretical framework. The research approach of this study will then be explored by illustrating the design and procedures that were carried out. It will be argued that the principle of coherence was adhered to by illustrating that the aims and methods of this study fit logically within the paradigm adopted by it.

3.2 Research paradigm

Many writers in the social sciences follow the general trend of encouraging the researcher to locate their research paradigm as a starting point to any research study. Commonly known as the four philosophical assumptions, this entails exploring beliefs about the nature of reality (ontology); what counts as knowledge and how these claims are justified (epistemology); the role of values in research (axiology); and in turn, the process of research and how it is conducted (methodology) (Creswell, 2013; Corbetta, 2003; Terre Blanche & Durrheim, 2006). The philosophical assumptions underpinning a particular

paradigm ultimately provide a rationale for the research study and inform the methods of the study, such as data collection and analysis for example.

Due to the qualitative inquiry of this study, it must therefore be made clear that in terms of ontology, the idea of multiple realities is embraced and the intention of this research study is to report on these multiple realities (Creswell, 2013). To expand further, this assumption holds that social phenomena do not have a stable external reality, but instead that reality is subjective and multiple (Corbetta, 2003). That said, reality is constructed by individuals interacting with their social worlds, who all have fundamentally subjective experiences of the external world (Terre Blanche & Durrheim, 2006). Social reality is viewed in terms of understanding the meaning people have constructed, how they make sense of the world and the experiences they have in the world (Merriam, 1998). Terre Blanche and Durrheim (2006) claim that research that aims to explain the subjective reasons and meanings that lie behind social phenomena are characteristic of the interpretivist paradigm.

The epistemological assumption explores whether social reality is knowable and focuses on the relationship between the observer and the reality observed (Corbetta, 2003). In terms of the epistemological assumption of this study, the belief is held that knowledge is best obtained or understood by the researcher getting as close to the participants as possible – in a way that sheds light onto their subjective experiences. It is held that in the social sciences, the researcher and participants of the study are not separate, but rather interdependent. It is the view of the researcher that human beings cannot be objectively studied and that within the realm of the social sciences, one should attempt to lessen the distance between researcher and participant. Adopting this empathic approach to gaining meaning from participants is too, a clear reflection of the interpretivist paradigm (Terre Blanche & Durrheim, 2006).

The axiological assumption is reflected through the belief that the researcher brings values to the study, where the researcher's values and biases will be reported on (Creswell, 2013). Having established from the first assumption, that meaning is embedded in people's experience, it follows that this meaning would be mediated through the researcher's own perceptions (Merriam, 1998). Creswell (2013) considers this to be a defining feature of the interpretivist paradigm.

The methodological assumption addresses the process of research and depends heavily on previous philosophical assumptions. Having established that the paradigm that underpins this research study is interpretivist (also referred to as constructivism) - the methods and procedures used to carry out the research, therefore, reflect this. As a whole, adopting an interpretivist paradigm results in using a qualitative methodology. Where research, rather than testing a hypothesis, builds abstractions, concepts

and theory from observations and intuitive understandings gained in the field (Merriam, 1998). Here the qualitative researcher follows inductive logic, where data is made sense of from the ground up (Creswell, 2013). Payne and Payne (2004) summarise qualitative methods as:

Qualitative methods produce detailed and non-quantitative accounts of small groups, seeking to interpret the meanings people make of their lives in natural settings, on the assumption that social interactions form an integrated set of relationships best understood by inductive procedures. (p. 175)

In conclusion, the interpretivist paradigm proposes that individuals hold subjective meanings of their experiences and the world, which are informed by society (through interacting with others or through the cultural norms that operate on one's life, for example) (Creswell, 2013). As a result of this, the goal of research is to depend as much as possible on participants' personal perceptions and understandings of a particular situation (Creswell, 2013). To achieve this, open-ended questions are used in practice, where the researcher pays close attention to what people say or do in their life context (Creswell, 2013). The qualitative researcher realises that their own background influences their interpretation and therefore acknowledges how their cultural, personal and historical perspectives could shape their interpretation (Creswell, 2013).

3.3 Research design

Creswell (2013) argues that the process of research should start at the philosophical assumptions it holds. This informs the interpretive lens, which in turn informs the procedures carried out during the research process. Thus far, this chapter has acknowledged the broad assumptions that led to the interpretivist paradigm and qualitative enquiry that underpins this study. Research design typically refers to the procedural plan or blueprint for conducting a study. This section will describe the meaning of the design that this study adopts, why it is used and how it informed the procedures of this study.

Due to the aims and nature of this study, a phenomenological design or approach (as Creswell, 2013, refers to it as) was chosen. Because this study is authentically interested in understanding how participants make meaning of their traumatic experience through the use of drawings within a narrative therapeutic framework, a phenomenological approach was considered the most appropriate. Creswell (2013) points out that this approach has the goal of describing the common meaning for individuals of their lived experiences of a concept or phenomenon – in this case their experiences of trauma. The basic purpose of phenomenology is to provide a description of the essence or nature of the phenomenon (Creswell, 2013). With the phenomenon identified as trauma experienced by youths, the researcher collected data from young people who have experienced trauma and has developed a detailed

description of the essence of the experience for these individuals (Creswell, 2013). This essence of their experience will extend to using drawings within a narrative therapeutic approach while talking about their experiences of trauma.

Phenomenology began with the philosophical works of Husserl (1913; 1962) and Heidegger (1927; 1962) - while neither attempted to develop a research approach of phenomenology as we understand it today, many researchers and methodologists have applied their philosophical beliefs into three major research approaches (as cited in Porter & Cohen, 2013). Despite this, the major defining feature of phenomenology has been described as focusing on the phenomenon to be studied, then exploring this phenomenon with a group of individuals who have experienced it (Creswell, 2013). Spielberg (1994, in Porter & Cohen, 2013) adds that a core thread of phenomenology, that extends to the method of the research study, is the aim of providing a fuller and fairer picture of the phenomenon, in a way that traditional empirical research cannot.

The three approaches to phenomenology are highlighted in the literature as descriptive phenomenology; interpretive phenomenology and hermeneutic phenomenology (Porter & Cohen, 2013). While descriptive phenomenology focuses solely on describing the phenomenon in order to enhance an understanding of the shared experiences of the phenomenon, interpretive phenomenology involves the researcher making some interpretation of this (Porter & Cohen, 2013). Hermeneutic phenomenology combines features of both descriptive and interpretive phenomenology (Porter & Cohen, 2013). Hermeneutic phenomenology is considered as not only a description, but it also involves an interpretive process in which the researcher mediates between different meanings of the lived experiences of participants in a study (Creswell, 2013).

A hermeneutic phenomenological approach is undertaken by this research study, primarily because it is “used to determine how people interpret their lives and make meaning of what they experience” (Porter & Cohen, 2013, p. 184). As discussed in the previous chapter, narrative therapy with reference to the resolution of trauma, is particularly interested in how people make sense of their own experiences with trauma. It holds the belief that people’s understandings and perceptions of a traumatic experience are fluid and can change from problem-saturated stories into preferred stories. Because this research study is particularly interested in this transition, with the use of drawings, a hermeneutic approach was considered the most fitting to the research design. This approach has been developed and advocated by van Manen (1997, as cited by Creswell, 2013) and Cohen, Khan and Steeves (2000, as cited by Porter & Cohen, 2013). Van Manen (1997), who is particularly interested in researching the field of education, does not approach hermeneutic phenomenology with a set of rigid rules or methods, but rather discusses it as a dynamic interplay among six research activities (as cited in Creswell, 2013). This involves identifying

the phenomenon which is of interest to the researcher and a cycle of reading, writing, re-reading and re-writing and reflection (Leahy, O'Dwyer & Ryan, 2012). And entails reflecting on essential themes that comprise the nature of this lived experience (Creswell, 2013).

It must be noted that while qualitative research typically uses inductive reasoning in its process—phenomenological approaches to research are described as using reductive reasoning. In this method of reduction, “the investigator begins with a generalisation or a hunch, and peels layers away (like an onion) until he or she gets closer and closer to the essence of the phenomenon” (Dahl & Boss, 2005, p. 69). Because this research study begins with the foundation of using a narrative approach to the resolution of trauma, it has pre-set ideas to start with. The research study therefore, aims to add greater insights to this.

So far this chapter has illustrated how philosophical assumptions have informed the interpretivist paradigm of this research study, which in turn has informed a qualitative methodology of inquiry. The design of this study has been identified as following a hermeneutic phenomenological approach, in order to best suit the aims of this study. The remainder of the chapter will detail the precise methods undertaken in this study in light of its hermeneutic phenomenological design, by first exploring the ethical considerations and context that underpin this study.

3.4 Ethical considerations

This research study was viewed as potentially high risk for its participants, firstly because they were minors and secondly because the study explored their experiences of trauma. Due to the evident risk of re-traumatisation occurring during data collection, a number of safety nets had to be put in place throughout the research process. Chapter 1 details this extensively, in light of the three ethical frameworks to draw on when conducting research with children, namely: principles, outcomes and rights frameworks. Permission to conduct the research had to be obtained from the Research Ethics Committee of Human Research at Stellenbosch University (Appendix N). This involved extensive scrutiny of the research proposal by board members from which, with conditional adaptations made by the researcher, it was concluded that the potential benefits outweighed the potential risks for participants. The contingency measures set out by the researcher to ensure this, can also be found in Chapter 1. Ministerial consent from the Department of Health to conduct research with minors also had to be obtained (of which the National Health Research Ethics Committee registration number is stipulated in Appendix N). Permission to conduct the research was obtained from the school principal (Appendix O), as well as the Western Cape Department of Education (Appendix P). All assent (Appendices H and J) and consent

(Appendices I and K) forms were explained verbally by the researcher to both participants and their parents or guardians respectively, and signed.

Having described the required aspects of conducting ethical research, it must be noted that the researcher remained cognizant of implicit ethical considerations throughout the research process. Such considerations included, for example, the role of researcher as an insider/outsider to the participants; establishing a compassionate and respectful relationship with the participants; and acknowledging their voices throughout (Weis & Fine, 2000, as cited in Creswell, 2013). Particular attention was paid to issues around imbalanced power relations that is often present between researcher and participant. To avoid this, participants were viewed as the experts of their experiences and the researcher maintained a curious stance of solely wanting to learn from the participants and their experiences.

Because the researcher views ethical considerations as being intricately weaved into all factors of the research process, these considerations will be further explored throughout the following sections.

3.5 Context of the inquiry

Within a phenomenological research approach, the context of the phenomenon is vital in understanding the essence of the phenomenon. In light of this, the context of the study takes place at a high school in a community of the Western Cape. This community is in a previously disadvantaged area, where members typically come from under-privileged, low socio-economic backgrounds. Above this, it is an area characterised by high crime statistics, with an elevated prevalence of drug abuse and gang membership. To illustrate this, learners at the school participate in a daily ritual of walking from home to school and back from school, in large groups for safety reasons. As a result, it was vital that data collection took place during school hours, so as not to leave participants to walk home alone. As a whole, life in this community can be described as involving the everyday hardships of poverty and having to make ends meet; being extra vigilant to ensure one's safety; and having to fend for one's self due to the lack of socio-economic support services.

3.6 Research methods

3.6.1 Sampling and selection procedures

The phenomenological approach lends itself to small sampled studies, that requires an in-depth description of the experiences of each participant (Dahl & Boss, 2005). Phenomenological research is less

concerned with the randomness of a sample, and more concerned with understanding the particular experience that participants share (Dahl & Boss, 2005). Because the purpose of this research study was to understand the lived experiences of youths who experienced a traumatic event, purposive sampling was undertaken to ensure that the participants met the criteria for the research study.

While Chapter 1 describes the detailed processes that took place during purposive sampling, broadly speaking, participants had to meet three criteria before they were asked to volunteer to take part in the research study. Firstly, participants needed to be between the ages of 13 and 18. Because the research took place in a high school, all potential participants met this criterion. Secondly, participants were required to have experienced a traumatic event longer than six months before the investigation. In this regard, participants were identified through key individuals, such as the principal and register teachers, where this was public knowledge within the school setting. The stipulation of the traumatic event having to have occurred six months before the investigation was included as a contingency measure, as an attempt to limit the risk of re-traumatisation occurring and also to exclude participants with potential diagnoses of PTSD. Thirdly, another exclusion criterion was included for potential participants who held a probable diagnosis of PTSD. This was determined by administering the PCL-5 (developed by Weathers et al., 2013) (Appendix C) self-report measure – where those who scored 33 (and lower) and who did not meet the DSM-5 criteria for PTSD, were considered ‘lower’ risk participants, and therefore were asked to volunteer to take part in the study.

The PCL has been shown to have robust psychometric properties with a variety of trauma populations (Grubaugh, Elhai, Cusack, Wells & Frueh, 2007) and has been used in child and adolescent populations (Elhai, Gray, Kashdan & Franklin, 2005). In a large study of 392 participants in a university setting, Ruggiero, Ben, Scott and Rabalais (2003) examined the psychometric properties of the PCL. Their study provided support for psychometric properties of the PCL, including internal consistency, test–retest reliability, convergent validity, and discriminant validity.

The PCL-5 has a variety of purposes, one of which is screening individuals for PTSD. There are three formats of the PCL-5 measure, including one without a Criterion A component of the DSM-5, one with a Criterion A component, and one with the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A component. For the purpose of this research study, the latter was used as it is considered the most comprehensive version when used for screening individuals for PTSD. This version consists of a three-part questionnaire. Part 1 (LEC-5) establishes the type of the traumatic event(s) an individual has experienced in his or her lifetime (for example, a transportation accident). Part 2 builds on Part 1 by assessing the occurrence, severity and nature of the traumatic event(s). Part 3 assesses the symptoms experienced in response to the traumatic event using a 5-point Likert scale of 0 to 4.

When scoring the PCL-5, a total symptom severity score (ranging from 0 to 80) can be obtained by summing the scores for each of the 20 items, with higher scores indicating a greater severity of symptoms. A cut-off point of 38 or higher has been suggested by the National Centre for PTSD (U.S. Department of Veteran Affairs, 2015) when screening for PTSD, although for the purpose of this study, a lower cut-off point of 34 was adhered to.

According to the National Centre for PTSD (U.S. Department of Veteran Affairs, 2015), a provisional PTSD diagnosis can be made by analysing each item according to the DSM-5 criteria for PTSD. Each item rated as ‘moderately’ (a score of 2) or higher is considered a symptom endorsed. It is then necessary to follow the DSM-5 diagnostic rule which requires at least: one cluster B (intrusion symptoms) item (questions 1-5), one cluster C (avoidance) item (questions 6-7), two cluster D (negative alterations in cognitions and mood) items (questions 8-14) and two cluster E (alterations in arousal and reactivity) items (questions 15-20) are met. It is important to note that it is possible to have a score that is lower than the cut-off point of 38, but that still meets the DSM-5 criteria for PTSD.

In essence, the most suited participants for this study were those who had experienced a traumatic event but had had enough time or the adequate coping skills to have worked through this experience to the degree that it did not negatively impact on their everyday functioning. Through this, the participants’ lived experience of trauma could be explored, while the potential risk of re-traumatisation was minimised.

3.6.2 Data collection

When it comes to data collection within a phenomenological approach to research, the emphasis is on understanding each participant’s experience adequately enough to enable comparison with the experiences of other participants in the study (Porter & Cohen, 2013). Dahl and Boss (2005) add that “phenomenological methods of data collection allow participants to define phenomena for themselves, and to describe the conditions, values, and attitudes they believe are relevant to that definition for their own lives” (p. 72).

It is important to note that within a phenomenological approach, the researcher becomes a major instrument of research (Dahl & Boss, 2005). Because of this, the researcher was constantly aware of her role in the research process as adding insight, flexibility and building on interpretations and understandings (Dahl & Boss, 2005). Data was obtained through the use of in-depth interviews and observations, which Porter and Cohen (2013) argue are the primary sources of data in phenomenological

research, as well as participants' drawings. Data collection of the research was carried out in the month of May of 2016, of which the following forms of data were obtained:

3.6.2.1 In-depth interviews

With reference to gathering data in the form of in-depth interviews, Patton (1987) points out that this involves asking open-ended questions, listening to and recording the answers, and then following up with additional relevant questions. On the surface this appears to require no more than knowing how to talk and listen. Beneath the surface, however, interviewing becomes an art and science requiring skill, sensitivity, concentration, interpersonal understanding, insight, mental acuity, and discipline. (p. 108)

While realising the complexities of this, in-depth interviewing is considered the most appropriate approach to data collection for phenomenology – primarily because the focus is the experience of the individual (Porter & Cohen, 2013).

In order to understand participants' experience of trauma within a narrative therapeutic framework, two semi-structured interviews were used. The participants were encouraged to engage in the creative process of drawing in order to prompt or to ease the participant into talking about his or her experience of trauma. The first interview (Appendix D) was used to initiate externalising conversations, and to gain data into the lived experience of trauma for the participant. The participants were then asked to complete another drawing, which was intended to be used to initiate re-authoring conversations developing a preferred story of the trauma, once again by means of an interview (Appendix E). The structure of these interviews were aimed at externalising and re-authoring conversations respectively, of participants' experience of trauma within a narrative approach. The structure of the interviews was based on Gentoso's (2012) interview methodology to working with trauma, which was previously described in Chapter 2. A follow-up interview (Appendix F) was also included to gain insight into participants' experiences of the process of drawing and talking about their traumatic experience within a narrative framework. Because the interviews consisted of open-ended questions and were semi-structured, this allowed the participants to focus on areas of greatest relevance to them, without the researcher falling subject to leading the conversation toward a particular agenda (Creswell, 2013). This form of interviewing was also considered the most natural to the linguistics involved in working within a narrative approach. As a whole, these interviews were included with the intention of yielding a thick description and "one that accurately captures the experience from the perspective of the informant in its fullest and richest complexity" (Porter & Cohen, 2013, p. 189). The interviews were recorded on a voice-recorder and were transcribed verbatim by the researcher into word documents, in preparation for analysis.

3.6.2.2 Observations

Observations as a form of data are considered an important element of qualitative research, where the researcher is viewed as acutely using all the senses to take in information about human behaviour in context (Creswell, 2013). Observations in this research study were taken exclusively during the drawing process, as a means to capture a comprehensive overview of what took place (Patton, 1987). In this regard, observations in this research study held two purposes. First and foremost, the process of observation was used as a contingency measure to assess for any signs of re-traumatisation during the data collection process, using the observation checklist (Appendix G). This acted as a safety net to identify non-verbal signs of re-traumatisation, in which case the process would be discontinued and a chain of support (Appendix M) would be put in place. Secondly, observations were used to identify participants' non-verbal responses to the drawing process as an attempt to assess whether for example, participants showed any signs of enjoyment or relaxation during the process. All observations were recorded on the observation checklist (Appendix G), which the researcher personally devised for this study.

Patton (1999) describes observation during data collection as requiring extensive concentration and preparation. He argues that simply having the sensory faculties required for observing does not make one a skilled observer – nor does being theoretically trained in observations for research. Acknowledging this, and that the researcher lacked practical experience in observation, an extra measure was taken by filming the entire research collection process with each participant. This data was then revisited to inform elements of observation that the researcher may have missed in the moment.

3.6.2.3 Participant drawings

Although not the primary source of data, participants' drawings were included to add to the description of the drawing process as an overall attempt of understanding its influence on externalising and re-authoring conversations (along with the other forms of data). However, it must be stressed that the purpose of this study was not to analyse participants' drawings – but rather to gain insight into the participants' perceptions of using the technique of drawing within a narrative and externalising way of talking about their experiences of trauma. For this reason, participant drawings are used exclusively as descriptive data, and more weight was placed on interview data that explicitly questioned this.

3.7 Data analysis

Having described the data collection processes of this study, it could be argued that data analysis goes hand-in-hand with this process. Dahl and Boss (2005) argue that “each informs the other in a dynamic,

reciprocal, nonlinear process of questioning, reflecting, and interpreting” (p. 74). Often referred to as the ‘data analysis spiral’, the researcher touches on several components of analysis in a circular motion – where raw data is transformed into a clear account of a phenomenon (Creswell, 2013).

Because van Manen’s (1990) hermeneutic phenomenological approach to data analysis is what Creswell (2013) considers “less structured” (p. 419), it was decided that due to the researcher’s lack of extensive experience, a more structured approach would be drawn on. Giorgi (1985, as cited in Creswell, 2013; Porter & Cohen, 2013 and Dahl & Boss, 2005) offers four fundamental aspects to data analysis. Through these aspects “researchers read for a sense of the whole, determine meaning units, transform the participants’ expressions into psychologically sensitive expressions, and then write a description of the ‘essence’” (Creswell, 2013, p. 418). To explain this further, Dahl and Boss (2005) elaborate that the researcher reads the data repeatedly in order to gain a general sense of its entirety. Once this is achieved, the researcher returns to the data in search of identifying what are termed ‘meaning units’, with a focus on the phenomenon being studied. In the case of this study, meaning units would distinguish participants’ experiences of trauma, particularly in terms of problem-saturated stories and preferred stories of trauma, for example. After meaning units have been determined, the researcher returns to them and expresses the psychological insight contained in them. The final step involves a synthesis to represent a consistent statement of the participants’ experiences (Dahl & Boss, 2005). In order to aid the process of determining meaning units from the data, the researcher drew on Braun and Clarke’s (2006) step-by-step guide to doing thematic analysis, as well as Creswell’s (2013) general guide of the data analysis spiral (pp. 395-408).

In analysing the data, the entire data set was used to establish meaning units, reflecting the data-driven inductive approach of Boyatzis (1998, as cited in Fereday & Muir-Cochrane, 2006). Through this, themes emerged directly from the data using inductive coding. However, because of the interview structure of the study, it was expected that themes would fall broadly into the conceptual categories of externalising conversations, re-authoring conversations and reflections on the process. A codebook was developed based on the initial stages of working through the data, as Saldana (2009) suggests, which assisted in the identification and definition of meaning units into their eventual codes.

The major aim of data analysis in this study was to achieve what Dahl and Boss (2005) succinctly describe as “looking for meanings that connect and meanings that differentiate” (p. 74). Porter and Cohen (2013) argue that conducting a phenomenological study is also an artistic endeavour. In light of this, it was also an aim of data analysis to develop a “selection of intriguing data excerpts, derivation or creation of unique metaphors to characterise findings, and unusual or unpredictable juxtapositions of dialectic ideas” (p. 190).

3.8 Data verification

In qualitative research, data verification refers to ensuring the rigour of the study. Before proceeding to the verification strategies used in this study, it must be noted that because it is a phenomenological enquiry, it does not search to prove traditional kinds of validity and reliability as in quantitative research (Dahl & Boss, 2005). Instead, adequate description and interpretation of subjective experiences are held as its primary concern (Dahl & Boss, 2005). With this in mind, certain verification strategies were put in place during the research process to ensure that participants' experiences of trauma were effectively reflected in a trustworthy way.

3.8.1 Credibility

Credibility in qualitative research is defined by “the degree to which the researcher can produce observations that are believable for herself or himself, the subjects being studied, and the eventual readers of the study” (Durrheim, 2006, p. 52). This ‘believability’, referred to as internal validity in quantitative research, is enhanced through strategies by confirming findings with research participants, using multiple sources of data and ensuring theoretical congruency (Dahl & Boss, 2005).

Patton (1999) describes triangulation, a verification strategy often adopted by qualitative researchers, as a term taken from land surveying. Identifying a beacon locates one on a single line, however identifying a second beacon allows one to take bearings in two directions and locate oneself at their intersection. Just as a land surveyor uses more points to determine accuracy, so too does a qualitative researcher draw on various strategies to enhance the credibility of the research findings. In this study, methods triangulation was drawn on by collecting data in the form of in-depth interviews, observations and participant drawings, which Patton (1999) argues “can make substantial strides in overcoming the scepticism that greets singular methods” (p. 1193). The use of triangulation was incorporated with the aim that the phenomenon of the study could best be understood when approached with a combination of research methods. However, Patton (1999) points out that a common misconception of triangulation is that it is mostly used to demonstrate that different sources of data yield the same result. With this misconception in mind, triangulation in this study was also used to understand potential inconsistencies across the different forms of data. Patton (1999) adds that “finding such inconsistencies ought not be viewed as weakening the credibility of the results, but rather as offering opportunities for deeper insight into the relationship between enquiry approach and the phenomenon under study” (p. 1193).

Lincoln and Guba (1985) propose prolonged engagement in the research setting to enhance the credibility of a study. Although broadly speaking, time was limited in this research study, the researcher devoted a month to being fully available at the school where the research took place. During this time

the researcher was able to embed herself in the research setting where becoming familiar with the school's social setting included getting to know teachers; staffroom dynamics; and what everyday life at the school entails. Prior to data collection itself, the researcher was able to engage extensively with the participants and potential participants through the two structured meetings (Appendix A and B), which included activities that were aimed at building rapport such as the circle of introductions activity; 'just by looking at me you don't know' activity and the clay animal activity. Furthermore, telephonic conversations with the participants' and potential participants' parents enabled the researcher to better understand elements of the community and what everyday life in it entails. This was also enhanced by meeting personally with the district school psychologist to discuss referral cases. These elements, in essence, gave the researcher greater insight into the culture of the research setting where she was able to develop relationships and rapport with members of the community (Lincoln & Guba, 1985). With this said, the researcher believes she spent enough time in the research setting to truly appreciate the context, and through this was able to eliminate any preconceptions she may have had (Lincoln & Guba, 1985).

Shenton (2004) among various others, proposes the use of peer scrutiny of the research project to enhance its credibility. It could be argued that this began in the formative stages of this research study through gaining ethical clearance to conduct the research from the Research Ethics Committee of Human Research at Stellenbosch University. Members of the board and assigned readers of the research proposal gave valuable advice from their more experienced positions in research. Their extensive feedback provided the researcher with a fresh perspective which challenged assumptions made by the researcher, and which guided, not only the ethical considerations of this study, but too the methodology and design.

Shenton (2004) also suggests frequent debriefing sessions between the researcher and supervisor, to enhance the credibility of the study. This was achieved through numerous one-on-one supervision sessions during the data collection phase of this study. Through these discussions, preliminary findings were critically explored. Shenton (2004) argues that such meetings "provide a sounding board for the investigator to test his or her developing ideas and interpretations, and probing from others may help the researcher to recognise his or her own biases and preferences" (p. 67). This is ultimately what occurred during these supervision meetings, where the researcher's vision was widened through the guidance of her supervisor.

These strategies were used as an attempt to enhance confidence in the truth of the findings of this research study (Lincoln & Guba, 1985).

3.8.2 Transferability

Another important element of rigour in qualitative research refers to the transferability of the research study. Transferability, also often referred to as generalizability, in this regard refers to the “extent to which the interpretive account can be applied to other contexts than the one being researched” (Terre Blanche & Durrheim, 2006, p. 431). It must be highlighted, however, that due to the philosophical assumptions that underpin this study, phenomena are best understood as subjective experiences within a specific context. For this reason, the research study is interested in describing the phenomenon of trauma within its particular context – and not generalising the findings to other contexts. In light of this, Patton (1999) claims that “keeping findings in context is a cardinal principle for qualitative analysis” (p. 1198). Patton (1999) identifies the over-generalisation of results as being one of the primary sources of miscommunicating qualitative findings. Where focus should be instead on “understanding and illustrating important cases rather than on generalising from a sample to a population” (Patton, 1999, p. 1197). In this regard, rigour is achieved instead through the purposive sampling of participants, from which the researcher can learn the most about the essence of the phenomenon under study (Dahl & Boss, 2005). Patton (1999) encourages “explicitly and thoughtfully picking cases that are congruent with the study purpose and that will yield data on major study questions” (p. 1197). With this said, a great amount of effort was invested in ensuring that this study included participants whose experiences of trauma could shed the most light on the research questions. Ensuring that the findings shed light on the topic as set out, is intended to enhance the rigour of the study.

Lincoln and Guba (1985) propose providing a thick description as a technique of establishing transferability. They argue that describing the phenomenon under study in sufficient detail allows the reader to draw conclusions as to whether the research study can be transferred to other times, contexts, situations and people (Lincoln & Guba, 1985). In light of this, the researcher has attempted to provide a thorough description of the research findings in the following chapter, where the study can be understood in terms of its context.

3.8.3 Dependability

While qualitative studies are discouraged from over-generalising findings from sample to population – one area of generalizability that is encouraged is through informing future research (also referred to as reliability). In this sense, qualitative studies can be seen as being transferable particularly in terms of research design and methods used. One way of informing future research in this regard would be to provide a clear description of the technical aspects involved in the research process, which this study has attempted to do. However, it must be noted that this is not always the view of phenomenologists. Dahl and Boss (2005) point out that:

Phenomenologists would expect that different researchers – locating themselves differently in the process, given their unique sets of experience, values, and personal meanings – may well explore somewhat different aspects of the same phenomenon and arrive at somewhat different descriptions of meanings. (p. 79)

None the less, it could be argued that the methodology of this research study could act as a guide for future researchers.

3.8.4 Confirmability

Confirmability in qualitative research intends to “ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shenton, 2004, p. 72). Patton (1999) argues that because the researcher is an instrument in qualitative inquiry, the study should include information about the researcher – in an attempt to disclose any personal and professional information that may have influenced data collection, analysis and interpretation. To achieve this, a personal segment at the beginning of the following chapter is included, in order to make the researcher’s implicit assumptions and biases known. Due to the phenomenological approach and philosophical assumptions of the study, the researcher is cognizant that her perceptions are informed by her history, her place in society, and her experiences. By acknowledging this subjectivity and making it known, it is hoped that the reader can, in turn, form his or her own perceptions on the credibility of the researcher.

The researcher also kept a research journal which captured reflective thoughts and critical thinking throughout the research process. In this way, the researcher attempted to ensure that the findings were consistent with the data, as a means of achieving confirmability.

3.9 Conclusion

This chapter has described how this research study is guided by the philosophical assumptions of an interpretivist paradigm. This, in turn, has informed the qualitative inquiry of this study. Due to the particular aims of this study, a hermeneutical phenomenological approach was argued as being the most appropriate design. Data collection and analysis were described in light of this, where particular attention was paid to data verification to ensure the rigour of the study.

4

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter serves to present the findings of the study according to the following major research question:

- **What insights can be taken from using drawings within a narrative approach with youths who have experienced a traumatic event?**

In order to do so, it begins with a personal statement by the researcher as an attempt to bracket out her experience with the phenomenon of trauma. This is followed by a description of the pre-selection sample and the final sample. Which is led by a description of the participants' account of their experiences with trauma.

In order to answer the major research question, this chapter first outlines the themes that emerged during externalisation, where the following sub-question was addressed:

- **What insights can be taken from using drawings in the process of externalisation with youths who have experienced a traumatic event?**

The themes of externalisation will be discussed according to: participants' immediate responses to the traumatic event; emotional responses; difficulties 'opening up'; being subject to verbal abuse or bullying; 'nobody did anything to help'; fear of the outside and the nature of the community.

This will be followed by a presentation of the themes that emerged during re-authoring, answering the following sub-question:

- **What insights can be taken from using drawings in the process of re-authoring with youths who have experienced a traumatic event?**

The re-authoring themes will be discussed according to: participants' values; special abilities and perceptions of the future. Together, the externalisation themes and the re-authoring themes will specifically address the insights taken from using a narrative approach to the resolution of trauma – as an attempt to illustrate participants' preferred stories of trauma.

In order to address the integration of using drawings as a tool within a narrative approach, the chapter will then proceed to a description of participants' drawings and the processes around this. This will be followed by giving an account of how participants felt about the drawing process, where their opinions on the process as a whole will be discussed. Final themes reflecting on the entire process will be discussed according to developing a sense of self-efficacy; feelings of release and the therapeutic relationship. The following table presents an overview of the themes that will be discussed in this chapter:

Table 1
Table of Themes

<p>4.5 Externalisation Themes <i>(Problem-saturated stories of trauma)</i></p> <p>Immediate responses</p> <p>Emotional responses</p> <p><i>Guilt</i></p> <p><i>Sadness</i></p> <p><i>Anger</i></p> <p>Difficulties 'opening up'</p> <p>Being subject to verbal abuse or bullying</p> <p>'Nobody did anything to help'</p> <p>Fear of the outside</p> <p>The nature of the community</p>	<p>4.6 Re-authoring Themes <i>(Preferred stories of trauma)</i></p> <p>Values</p> <p><i>Self and life</i></p> <p><i>Family</i></p> <p>Special abilities</p> <p><i>Caring for others</i></p> <p><i>Standing up for one's self</i></p> <p><i>Keeping the peace</i></p> <p><i>Opening up to others</i></p> <p><i>Ways of coping</i></p> <p><i>Remembering the deceased</i></p> <p><i>Making the deceased proud</i></p> <p>Perceptions of the future</p> <p><i>Academic goals</i></p> <p><i>Personal development goals</i></p>
<p>4.8 Reflections on the drawing process</p> <p>Inability to express one's self through drawing</p> <p>Preference for verbal communication</p> <p>Preference for drawing as a form of expression</p> <p>Assisted in talking about trauma</p> <p>Assisted in 'naming the problem'</p>	
<p>4.9 Reflections on the overall process</p> <p>Developing a sense of self-efficacy</p> <p>Feelings of release</p> <p>The therapeutic relationship</p>	

4.2 Personal Statement

This section has been included to give the reader a better idea of the researcher's background and the way it has informed this study. As such, the somewhat detached 'researcher' will turn into 'I' in this section – in an attempt to make my values, history and cultural presuppositions closer to the reader.

Like phenomenological research implies – this research study began with an embedded interest in a particular phenomenon. And as is so often the case, this interest was informed by my life experiences. With the phenomenon of childhood trauma being the focus of this study, I'm sure it will come as no surprise to the reader that I had my own experience of this phenomenon.

At the age of ten, I was involved in a car accident with my mother. While I came out physically unscathed, it was unfortunately not the case for my mother, who suffered severe brain injuries and passed away two days later. While this inevitably came as a shock to all of us, and shattered my sense of the world as I knew it – there are certain elements in the context of this traumatic experience that I can look back on with gratitude. First and foremost, I had the support of my brother and father where, despite us all suffering the consequences of trauma, we managed to form a tight unit of strength. We also had a wealth of friends who guided us during this hard time. My father managed to hold his full-time job while filling the roles of father, mother and friend to my brother and me. That said, coming from a middle class household, we managed to go from two salaries to one, without ever having to worry about making ends meet. My mother being a teacher, instilled a dedication to learning in my brother and me from a young age – and as a result, we were lucky in the sense that this difficult experience never affected our education. While we went to a government primary school, my father afforded us the opportunity of going to a private high school – where we managed to achieve academically. I would also say that because we had a good upbringing and came from a loving home, this equipped us with the necessary resources to cope after the loss of our mother.

In retrospect, it is fair to say that besides this traumatic experience and the loss of my mother, all other areas of my life remained fully intact. The way I see it is like that of a healthy young tree which had one of its main branches cut off. Although this may have threatened the tree's growth, it still received the same amount of sunlight, water and nutrients from the soil, to allow it to grow to its full potential. In the context of my trauma, I was privileged, not only financially, but also with love and support, with coping skills, education opportunities, health care and so on. Which is admittedly not the case for the vast majority of South African children who experience trauma.

Despite my privileges in this regard, I still went through a tremendous amount of emotional difficulties as a result of the trauma. I did not receive any formal psychotherapy as a child or adolescent to resolve

this, and found the trauma and loss incredibly difficult, if not impossible, to talk about. Out of my own devices, I discovered creative forms of expression that ultimately helped me process the difficulties associated with my experience of trauma. This first began with expressive writing in the form of journaling (which influenced my honours dissertation topic, entitled “Expressive Writing as a Coping-Tool for Adolescents”) and extended to creative expression in the form of art. Through this, I was able to express myself in a way that words would not allow.

Culturally, my background stems from the typical Western dualistic view of reality and the individualistic concept of self. Growing up, I viewed the difficulties I experienced with trauma as being squarely within myself – which arguably made it more difficult to speak about. Even though our family was a close-knit unit, none of us were too willing to voice our feelings – either out of trying to be strong for the others, or out of an unwillingness to express what we perceived as weakness coming from within. It was only years later as an adult when I had committed myself to psychotherapy to work through the trauma I experienced as a child, that this culturally embedded view began to change. When I was introduced to narrative therapy during the theory component of my masters, I felt a particular affinity towards it. Mainly because I felt it addresses and dissolves the shame that is so often associated with psychological distress. When practising a narrative approach when I was working as a student counsellor, I found that it enabled my clients with a sense of liberation and self-agency over their problem, in a way that no other approach I had worked with before had achieved.

With this said, it is fair to say that my personal experiences with trauma have informed the scope of this study. Creative expression helped me work through my particular experience with trauma, and with an affinity to narrative therapy through my professional experience – I wanted to explore what light, combined, they could shed on others’ experiences of trauma.

4.3 Description of the sample

In selecting the final sample, 15 learners volunteered to take part in the research study. These learners spanned across all grades, from 8 to 12. And consisted of 4 males and 11 females. This group was divided into four sub-groups, where the researcher held separate introductory and screening meetings (Appendices A and B) with them - according to the learners’ timetable and availability. As part of the selection criteria, learners were given the PCL-5 (Appendix C) to complete in test-like conditions (to enhance privacy) in the second meeting. This self-report questionnaire was used to divide the potential participants into risk categories, to establish who would best be suited to the study. The PCL-5 has a score range of 0 to 80 to indicate the level of PTSD symptomatology, with 80 being the most severe. The following graph represents the PCL-5 scores of the 15 potential participants:

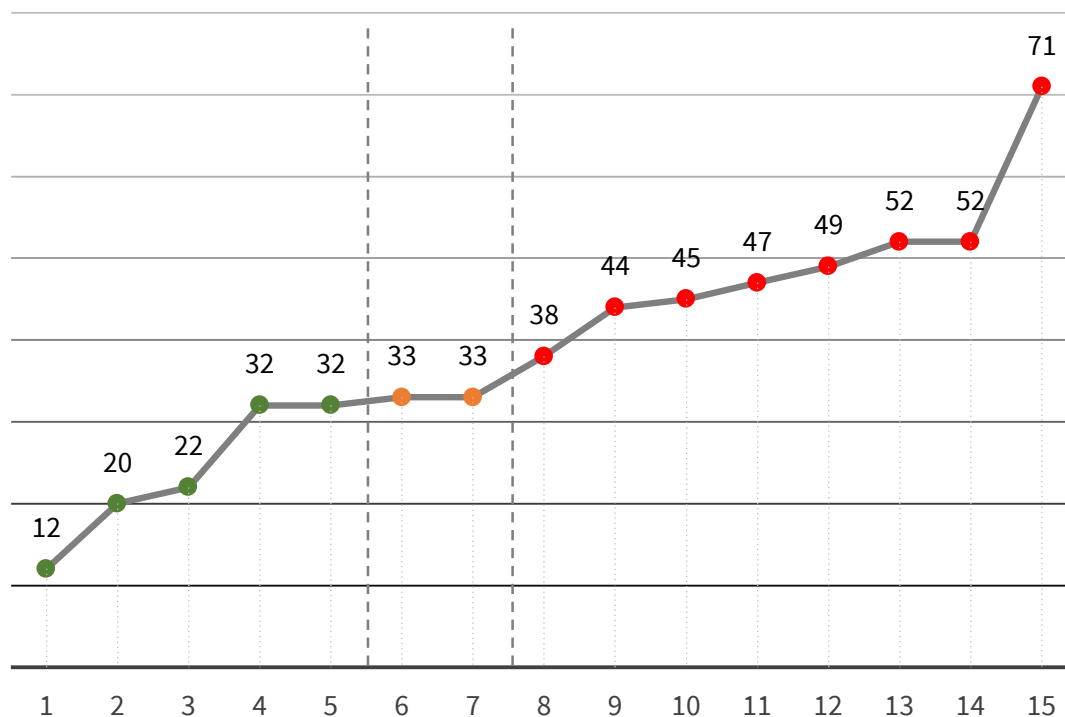


Figure 1. PCL-5 scores of pre-selection sample

The graph separates the potential participants into three groups according to levels of PTSD symptoms experienced by each individual: low-risk (green); medium-risk (orange) and high-risk (red). All the individuals in the high-risk group met the criteria for a PTSD diagnosis according to the PCL-5, and were all urgently referred to the school psychologist in the district office of the WCED, along with the medium-risk learners. Of the pre-selection sample, learners reported having experienced an average of 3.8 direct traumatic experiences in their lifetimes so far. They reported also having witnessed an average of 2.7; and having learnt about an average of 1.7 traumatic events in their lifetimes. This is reflected in the literature that has studied the prevalence of trauma in South Africa, where Atwoli et al. (2015) found that over half of their sample reported experiencing multiple events of trauma, with the average person being exposed to 4.3 occurrences in their lifetimes. With just over half of the pre-selection sample meeting the criteria for PTSD in this study, this corresponds with studies by Cortina et al. (2013); Peltzer et al. (2007) and Calitz et al. (2014), among others, whose studies also identified alarming rates of PTSD in South African youths.

When asked about the nature of their most difficult traumatic experience, the potential participants reported on the following categories: domestic abuse; sexual abuse; verbal abuse; violent crime; gang-related violence; car accidents; life-threatening illnesses; traumatic bereavement and self-inflicted

trauma (through suicide attempts). The rate of occurrence of these categories are represented in the following graph:

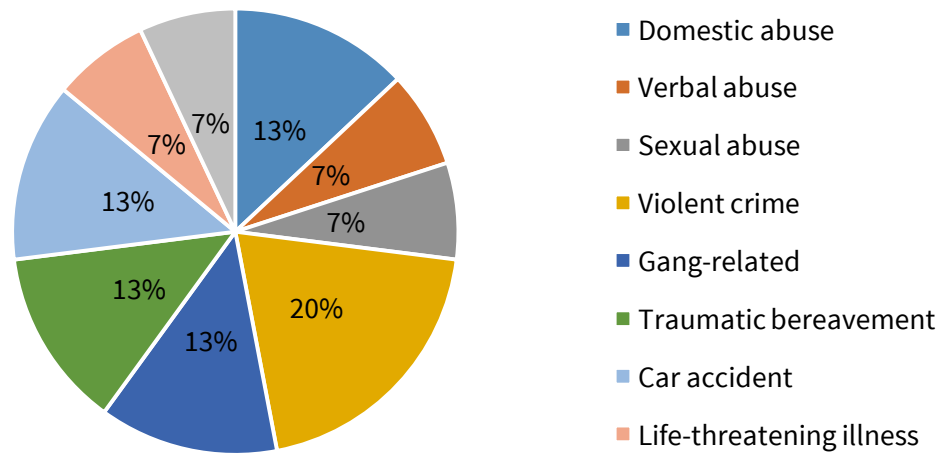


Figure 2. Occurrence of types of traumatic experiences considered the most difficult

It is important to note that 53% of the learners reported their worst traumatic event as being violent in nature. This corresponds with a study conducted by Ensink et al. (1997, as cited in Calitz et al., 2014) in Khayelitsha that found 56% of its sample of youths had directly experienced violence. This finding could also tie up with the claim by Atwoli et al. (2013) that traumatising in post-apartheid South Africa has shifted from being political to largely criminal in nature.

From the pre-selection group, the 5 low-risk students who met the criteria for this research study were asked to volunteer. A summary of the final sample is presented in the following table:

Table 2
Details of Final Sample

Participant (pseudonyms)	Age	Grade	Sex	Nature of traumatic experience	Age it took place
Michelle	14	9	f	Traumatic bereavement	12
Gen	15	10	f	Witnessing a fatal accident	11
Kyle	16	10	m	Violent crime	15
Kirsty	15	10	f	Traumatic bereavement	14
Storm	15	9	m	Violent crime	7

4.4 Description of participants' traumatic experiences

This section presents an account of the traumatic event each participant experienced, as an attempt to present the nature and essence of the experience of trauma for them.

- **Michelle – *Losing her feels like a part of myself is gone***

Michelle's traumatic experience happened just over a year ago when she lost her grandmother to lung cancer. Michelle said that she could understand why her grandmother got lung cancer because she "*loved to smoke*". But it none the less came as a shock to her – where the effects of the disease progressed very rapidly. She explains:

They told us a few days before she died that she had cancer, lung cancer. And it's... there's nothing else you can do.

Michelle's mother left when she was three months old and she viewed her relationship with her grandmother as a mother – "*more than a mother*" to her. She describes how she used to visit her every day after school, where she could talk to her about anything. Michelle explains that she had never had such a strong relationship with anyone in her life and expresses the loss of her grandmother as feeling like she has lost a part of herself. Michelle conveys how difficult it was for her the night the disease gripped her grandmother's life:

That night when we went to go sit in her room, I couldn't actually take it. I was lying beside her when she was dead actually, before they picked her up.

- **Gen – *The day I lost faith in humanity***

Gen's traumatic experience took place when she was eleven. She describes how an ordinary hot day in the Summer holidays at home, turned into one that she would never be able to forget:

...we just heard like screaming and shouting outside. So we went outside to see what was going on and there was a man and he was laying on the pavement... but he was an old guy. And he was bleeding.

She explains how the man had been working on his car when it suddenly rolled back and fatally injured him. Michelle describes the shock she experienced at never having seen "*so much blood*" in her life. And how he lay on the pavement for what felt like hours, while people stood around and watched. She explains:

They finally took him but then we found out that he died before he even got into the ambulance.

- **Kyle - *The day I fought for my life***

Kyle's traumatic experience took place a year ago when he was walking to his friend's house one Saturday morning. He describes how a man approached him, pretending to be his friend, but who then proceeded to mug him for his cell phone. Kyle explains that:

...he held a knife to my chest and he kept on asking me to give my phone, so I said 'no'. And he asked again but he.. then he held it to my throat... And then it felt like he was going to stab me so I just grabbed his arm and started fighting with him.

Kyle describes how, while fighting on the ground with him, the mugger had the knife against his throat and tried to stab him. He explains how he luckily managed to pull away, but received a deep cut to his lip. In the bustle of the fight, Kyle got hold of the knife and was able to defend himself and move to safety.

- **Kirsty - *I lost the only person I had***

Kirsty's traumatic experience happened eight months ago when her mother, who she describes as the only person she had in life, suddenly passed away. Still raw with emotion, Kirsty describes the moment that she found out:

I was at school writing my last exam paper and then my pa came to fetch me at school and then I went home and then he gave me the bad news. And she um like, um had a heart attack.. at the train station. And she just collapsed there.

Since the loss of her mother, Kirsty has gone to live with her aunty and grandparents, where she has received support. However, she explains that she has been treated unfairly by her mother's husband (step-father) and her mother's mother (maternal grandmother) – who disregarded Kirsty entirely in her mother's affairs. She explains how her step-father gave away all her mother's belongings to other people, when all Kirsty longs for is something of her mother's to have to remember her by. She also adds that her grandmother has unrightfully claimed money that Kirsty's mother had been saving for her education. She explains:

Three days before she passed away she told me that she put money away for me. And my ma, her mommy, I don't know what she did there at the work, she told them that I stay with her, so she like got all the money, my money, my university money. And everything.

- **Storm - *My toughest journey***

Storm's traumatic experience took place when he was seven years old. The family drove a friend to her home to collect something and while they waited for her in their car, they were approached by two men. Storm explains how at first the men appeared innocent, asking his father for a cigarette. They then asked to use his cell phone to make a phone call which his father allowed. This then progressed into them asking for money, where Storm's father explained they only had enough for school fees and food. Storm describes his father as being "*one of those people that thinks everyone has a good side*". He adds that "*he was a preacher also at the church*". The men then asked for the car – and when Storm's father explained that he could not give them the car, one of the men took out a gun. Sitting directly behind his father in the car, Storm describes how he heard a series of shots. He describes the moment that followed:

When I heard the shots stop, I looked up and saw my daddy sitting like this (head hanging down) and he wasn't moving, there was blood everywhere. There was blood on my hands.

Storm explains that later in hospital, they found out that his father sustained four bullets – one of which was lodged too dangerously close to his heart to be removed. Storm's father lived for a year, after which the bullet dislodged and took his life. Storm describes his father telling him and his brothers that he loves them, as his final words.

4.5 Externalisation themes

While each participant's experience with trauma is distinctly unique, during the externalisation interviews, clear themes emerged that thread a common link between these experiences. These will be discussed according to: immediate responses to the trauma; emotional responses; difficulties with 'opening up'; being subject to verbal abuse or bullying; 'nobody did anything to help'; fear of the outside; and nature of the community. The exact meaning units that were used to identify the externalisation themes can be found in Appendix Q.

4.5.1 Immediate responses

All the participants describe their immediate responses to their experience as psychological distress that is typical of trauma – where their feelings of shock, confusion and disbelief are made clear:

Gen: *Ah the time.. was really like blank.. I can't remember what I was thinking, I was just watching this guy die... I was in shock, I didn't know what to do.*

Kirsty: *I wasn't crying, I was just shaking. I was shaking and then after a while I.. I didn't believe at first but then I... after it came to me, I just burst into tears.*

Storm: *I didn't know what was going on, I didn't wanna... I just closed my eyes and went like this (covers face with hands).*

Kyle: *Something inside me just snapped.*

Michelle: *...my aunty went to work and I needed to go look after her, and that just made me feel like... how do I say?... this can't be happening. It feels like she's gonna die tomorrow.*

Kirsty and Michelle explain how even months after the loss of their loved ones, the realisation that they are gone, still comes as a shock to them:

Michelle: *...it just comes to me that she is not there anymore.*

Kirsty: *I, I manage, but then one moment I think my mommy's not there, my mommy's not there.*

Here, the immediate responses to trauma that the participants expressed, clearly reflect what van der Kolk (1987, as cited in Gil, 2006) highlights as the debilitating loss of control that one experiences as a result of a traumatic event. They could also reflect what Kaminer and Eagle (2010) describe as the infiltration of unwanted emotions and thoughts as a result of trauma.

4.5.2 Emotional responses

This theme looks at the participants' emotional responses to their traumatic events, where their feelings can be broadly grouped into those of guilt, sadness and anger.

4.5.2.1 Guilt

Throughout the researcher's time with Kyle, it became clear that a dominant theme that ran through his narrative was that of guilt. This began with Kyle's description of the moment he defended himself, where he expresses his concern that it could have appeared to onlookers as though he were the guilty party. He explains:

But, to everyone else it seemed like I was robbing him, so I kind of left the phone as well and I just ran.

Kyle's feelings of guilt stemmed from his belief that he "inflicted more... say pain... or damage to the person who did it to" him, than the mugger had inflicted on him. He expressed how this feelings of guilt were embedded in visual memories of his traumatic experience:

...every time I saw a knife, I thought back.. but not about what he did, about what I did.

This visual trigger of the traumatic memory for Kyle mirrors the notion held by Malchiodi (2007) and van der Kolk (1991, as cited in Frueh et al., 2004), that traumatic experiences are encoded in the mind on a somatosensory level in the form of images.

The extent of his conflicted feelings around having to defend himself are emphasised through the following:

I felt like I didn't need to do that, but I wanted to.

Similarly, Michelle expressed feelings of guilt over having bought her grandmother cigarettes the night before she passed away. She explains:

I feel like it's my fault that she died that night because I still went to go buy her a packet of cigarettes... and I shouldn't have. Because my aunt warned me, she said don't buy your gran cigarettes.

She adds that on the night she passed away:

...at 2 o'clock my father woke us up... and I feel, I felt a lot of guilt.

Michelle seemed to believe that if she had not bought her grandmother those cigarettes, she still “*could have lived a few weeks.. or months longer*”. Kirsty describes how before her mother died they had an argument and how this left her feeling bad:

Um, all this stuff.. before she passed on, we had a huge argument and we didn't speak for like two weeks and the week after that she passed on. So I didn't have the chance to apologise and stuff.

4.5.2.2 Sadness

With regard to the emotional response of sadness, Gen explained that this began for her at the time of her difficult experience:

I was just watching this guy die. And I felt sad.

And that she still experiences it through:

I was always sad. I am.. always sad. But I like, try.

Despite trying, Gen expressed an isolation in her sadness, where even though she has a close circle of friends, she said “*but if I'm sad then...it's quiet*”. Gen explained that she is reluctant to show her friends

that sadness sometimes affects her because she believes that “*no one wants to be around someone that’s sad*” and that this could compromise her friendships. Storm explained that he particularly felt sadness when he was reminded of things that he and his father used to do together. He explained that:

...there was difficult times when I had to do stuff that me and my father usually do together and I can’t.. And I just burst out and cry.

Michelle describes how seeing everyone gathered around the day after her grandmother passed away made her feel worse:

...seeing them around there just made me more sad.

And because of this, she felt that she needed to go to school to take her mind off things, even though her family encouraged her to stay at home.

4.5.2.3 Anger

With regard to the emotional response of anger, Kyle explains how, in the moment of his traumatic experience, it was the feeling of intense anger that triggered the response in him to fight for his life and defend himself. He says:

*...but when I got angry, I didn’t care what happened..
I just wanted to kill him.*

Gen, with her quiet demeanour, while giggling, explains how feelings of anger have led her to break “*a couple of doors*” at home, where she similarly finds herself screaming if she’s alone, or shouting into a pillow, as forms of release. Michelle admitted that she sometimes loses her temper, where she gets “*angry quite a lot, especially at the educators*”. These feelings of anger expressed by the participants, could tie up with the DSM-5 (APA, 2013) description of the variable nature of trauma, where besides the typical fear-based symptoms, individuals can also display aggressive symptoms in response to the experience of trauma. Thus illustrating, that symptoms of trauma do not always fit into boxes of clearly defined symptoms, which van der Kolk (2005) and Kriegler (2015) warn of in the literature.

These emotional responses expressed by the participants, could reflect the pain and distress that White (2006) argues is often present in young people who have experienced trauma. Here, sadness and anger can be seen as a testament to the significance of what the participants held precious in their lives, and what was so unjustly taken from them through their experience of trauma. In this regard, and according to the narrative approach to the resolution of trauma, the researcher was able to use this testament through sadness and anger, to further explore the participants’ responses to trauma – as suggested by White (2005; 2006) and Mitchell (2006).

4.5.3 Difficulties ‘opening up’

Another theme that emerged during the externalising conversations was that in which the female participants expressed difficulties with opening up to or trusting others. Kirsty began our time together by saying that she had yet to have been able to talk to anyone about the loss of her mother. Possibly as a result of Gen’s isolation in her sadness, she explains how she thinks “*keeping it in*” had led to her becoming physically ill:

I realised that.. people actually don’t wanna hear about your problems, so I kept it in and it made me sick in the beginning of the year. I had to go to the doctor.. it was my stomach. She said that I mustn’t keep it in, I must let it out.

Gen describes how after her traumatic experience, her view of people changed:

But now, as I say, I don’t trust anyone really. I trust people, but not like fully trust people, even the good people. Ja, I just like, stay in my bubble.

Similarly, Michelle explains:

But nowadays I feel like I can’t speak to anyone, I push everyone away from me. And sometimes I still do that.. it also makes me feel bad because they’re trying to help me and I’m just pushing them away and maybe one day I need their help and then they wouldn’t give me help.

This difficulty in trusting others is reflected in Schiavone’s (2009) study of adolescents who displayed distrust as a result of trauma, as discussed in the literature review.

4.5.4 Being subject to verbal abuse or bullying

During the externalising conversations, all the participants made some reference to being subject to verbal abuse or bullying – whether directly related to their traumatic experience or not. Storm explains this with reference to growing up without a father:

It was difficult growing up, I was just ... 7 years old. Everyone mocked me because I didn’t have a dad anymore and they still had a dad.

Michelle explains that she has been bullied for doing well at school:

Like my class, for example, like to push me down because I get more marks – in maths especially – most of my teachers like me, my grade heads like me. It’s almost like they’re jealous.

And Kirsty explains the reason for being subject to verbal abuse as simply “*because I’m big*”. Kyle describes how after his mugging, his friends made fun of him by saying things like, “*How could you fight back? – you wouldn’t fight back*”. He explains his feelings around this:

Cos when they’re saying, I wouldn’t fight back, they make me feel weak. They make me seem like I’m lesser. And I don’t like it when people talk down to me.

Gen explains that she was subjected to verbal abuse by her brother growing up, which led to a very dark phase of her life. She explains:

...my brother used to insult me a lot, especially in front of his friends.. so I used to feel bad about myself and it led to me like um.. wanting to commit suicide.

These instances of verbal abuse and bullying could correspond to findings in the literature that indicate young people experience social difficulties as a result of trauma. Various studies have found that youth exposed to trauma have been linked to decreased social acceptance and increased peer-rejection (such as Delany-Black et al., 2002; Grogger, 1997; Hunt et al., 2001 as cited in Gonzalez et al., 2016). Furthermore, Gen’s disclosure of having experienced suicidal ideation when she was younger, could reflect the finding of Racco and Vis (2015) that trauma exposed youth, if left untreated, have been found to develop mood disorders. Similarly, the DSM-5 (APA, 2013) has linked the experience of trauma with suicidal ideation and suicide attempts.

4.5.5 ‘Nobody did anything to help’

A major theme that ran through Gen’s narrative was that of the notion that ‘nobody did anything to help’. She describes how the injured man’s family, onlookers, her own family and even the paramedics when they finally arrived, all watched him but did not help him:

Honestly and just everyone, even his family, were just standing around and like crying, and just watching him. So someone called the ambulance but they took looong to come. And then even when they were there, they still did nothing. He was just lying there. And they were like checking stuff, but they took long. We still went inside and every time we would check they would still be there, he would be still laying in the street.

It was clear to the researcher that the hardest part of Gen’s traumatic experience for her was the disillusionment with humankind, where she came to the conclusion “*that nobody actually cares really*”. She explains her difficulties with this further:

Because I thought if you in trouble and stuff then people will help you, especially your family. But now I see that his family didn't help him. Even just to like sit with him, while he was just lying there. And everyone was just watching him... It's just people... I don't know.

Gen describes her traumatic experience as the day she “lost faith in humanity” and she made it clear that this got her thinking about what would happen if she was in a situation where she needed help. She asks, what seems like a question she has asked herself numerous times since this difficult experience:

*If that happened to me, would anyone like help me?
Or would I also just lay there and die?*

Similar to what Gen witnessed, Kyle describes how on three occasions when he was bleeding while walking home after his mugging – nobody did anything to help him:

I actually passed a few people, but people just walked away from me..

And:

...there was this one guy who pulled his car out from his house and I told him, ‘if there’s a guy who walks with blue jeans and a red hoodie’... ‘call the police and tell them how this guy looks’ because I couldn’t remember. And then he said.. ‘ah, I’m sorry that you got mugged’ and then just carried on.

As well as:

A woman and her child was walking passed and she had groceries in her hands. But when she saw me, she dropped the groceries and picked up her child and ran away.

Storm also explained that after his father was shot that his “mommy was trying to ask people to help, she was like running in a circle”. He adds that “my mom was like crying and there was a group of people around us, no one tried to help”.

This notion of ‘nobody did anything to help’ could tie up with Schiavone’s (2009) study of adolescents faced with community violence, where because their environments failed to provide them with safety, security and support – they felt that they had to face the world alone.

4.5.6 Fear of the outside

The theme in which participants expressed a sense of ‘fear of the outside’ was made clear especially by Kyle and Gen. Kyle expresses feelings of being unsafe as a result of his mugging through the following:

I have some friends that live far but I don't mind walking to them.. but after this event happened I felt like.. I kind of always feel like I'm on two sides – should I stay or should I go? I don't wanna be confronted like that again..

As well as:

I have to walk to places that I'm not comfortable with. And I'm constantly on guard for anyone that's around me.

Gen expresses similar feelings of unsafety through the following:

I don't like going outside.

And:

I just don't feel safe.

As well as:

Like when I don't feel safe and when I walk outside, I feel like everyone is watching me. And when they're near me I'm scared they'll hurt me.

Kyle explains that the reason for his discomfort of walking outside stems from the realisation of “*how easy it is to take a life*”. In line with this, Gen says that the reason for being afraid is because: “*now I know that there's something outside that can hurt me*”. This outlook could reflect what Anderson et al. (2002) account for the neurobiological changes that take place after trauma, where the developing brain hardwires itself in order to survive in what it perceives to be a dangerous and threatening world.

Both Kyle and Gen explain how this fear stopped them from doing things they usually enjoyed doing. Kyle describes how he “*didn't go out a lot, not for two weeks*” after he was mugged. He adds:

...it used to affect me, I didn't do most of the stuff that I used to like doing.. but that kind of changed in a way.

Gen describes how for a long time after she experienced her traumatic event, she “*stopped going outside*” and “*stopped doing things*”. This could reflect the DSM-5 (APA, 2013) symptom of anhedonia in response to trauma, where individuals express the inability to experience pleasure or interest in activities that were

formerly found enjoyable. It also supports Schiavone's (2009) study of adolescents who displayed symptoms of isolation as a result of trauma, as discussed in the literature review.

The safe-places activity was not initially meant to be taken as a form of data, but rather as a way of easing the participants into the process. Despite this, it must be noted that each participant's description of their safe-place was indoors. Kyle and Storm described theirs as being their bedroom, where Kyle said "*it feels like nothing can actually get me whilst in my room*". Kirsty and Gen's description involved being at a friend's house. Michelle's was at the library, where she described that:

Sometimes there will be strangers, but most of them are always... there are security guards walking around so it makes me feel secure and they can't do nothing to me.

Through this, the distinct impression that the participants only feel safe while indoors was created, where they seem to be imprisoned from the outside in order to remain safe.

4.5.7 The nature of the community

The previous theme is intricately linked with the following theme: the nature of the community. This theme has been included primarily to provide a more thorough description of the context of the research for the reader.

Expressing the high levels of gang-related crimes, Gen explains that:

There where I live they don't.. I can't really explain it.. No one really trusts each other there where I live. It's like.. there's gangsterism (whispers) there.

She explains that after her traumatic experience, she has had a series of other difficult challenges to face. Her parents got divorced and now that her father (who offered her a sense of protection), no longer lives with them, she feels even more unsafe. She explains that since the divorce, "*now there's just bad things, like they broke in*". Possibly feeling unsafe in her own home, Gen used a memory of being at her best friend's house to describe her safe-place. Speaking of crime in the community generally, Kyle says that:

The fact is, a mugger doesn't care what your problems are, if he wants something from you, he will take it every time.

Within this culture of violence, Storm relays a memory of a time that his younger brother got into a threatening situation where he was attacked by two strangers. Storm explains how he, his cousin and younger brother were walking to the shops. His brother wanted to go back home, so Storm let him, but on his way back from the shops, he was faced with:

This group of people standing around, I didn't even know what happened, I just heard his (brother's) screams and I immediately.. I didn't know what to do so I just picked two bricks and I said if he don't stand away from him right now, I'm gonna start throwing. And then my cousin said he's gonna do the same.... We took my brother. We didn't fight them but they hurt me, they kicked me through my face and all that.

Both Gen and Storm implied through their traumatic experiences that medical services in the community could not be relied upon. Gen said that “someone called the ambulance, but they took looong to come” – eventually arriving hours later when it was too late. After his father was shot, Storm said that “one person phoned the ambulance. And they never came.” Storm’s family had to drive to the closest police station, where they asked them to please take his father to the hospital.

Kyle expressed a distrust for the police services in the community and the justice system as a whole:

It's just that for previous events that happened that we were like confronted by the police, I kind of don't trust them.. so I didn't really want to go to the police because I felt like they wouldn't really catch the guy... or, in a way.. they would come back to me saying this guy has marks on him and I'm assuming you did it to him and now I should be jailed as well.

Despite this, Kyle went to the police station to file a report on what happened during his mugging. During the conversation, Kyle also made reference to “scum” in the community. When the researcher questioned what he meant by ‘scum’, Kyle responded with, “honestly, it's just gangsters; corrupted cops and corrupted politicians”. And added that “they're just making life hard for most people”.

A large portion of the time spent with Gen dealt with her concern over her best friend’s well-being. Highlighting instances of domestic violence and substance abuse in the community, she describes her friend as coming “from an abusive family, her father is an alcoholic and he abuses the family”. Gen went on to describe how her best friend, obviously struggling from the effects of her home-life, since the previous week had:

...stayed at home from school cos she felt like she was gonna get a panic attack... she still wasn't, this whole passed week... she's not in school.. and I'm worried about her (teary eyed).

Gen’s deep worry for the well-being of her friend was emphasised through the following:

I don't even know if she's alive. She... she suffers from depression.. so she gets into a mood and then...

Illustrating the day-to-day struggles of making ends meet, Gen describes the sensory elements of her safe-place as:

The only food we had, because it was far from pay-day and stuff, were apples.

Having described the nature of the community as expressed by the participants, it could be argued that this reflects what Burstow (2003) labels oppressed communities in South Africa, as discussed in the literature review. She describes such communities as being faced with the everyday challenges of economic inequality; violence and crime; and the lack of social services. Burstow (2003) and Kriegler (2015) argue that being a member of such a community makes one vulnerable to a unique form of insidious traumatisation, where the possibility of transgenerational trauma is rife.

In light of this, the researcher was forced to think about issues of privilege, when thinking about her own community in comparison to the participants' community. While planning the drawing component of the data collection process, she thought it would be beneficial to include the medium of pastels as an option for the participants to use – something she especially enjoyed using when she was younger as a form of creative expression. Needless to say, she was somewhat disappointed that the first four participants did not make use of the pastels. Finally, Storm, being the last participant and arguably the most extroverted, pointed to the pastels and asked “*what's this thing?*”. After the researcher's eager explanation and demonstration, Storm picked up a pastel and accidentally, it snapped in two. Despite the researcher's insistence that it is completely normal for pastels to break, that that is how they are used – Storm gave a heart-felt, possibly even embarrassed apology, saying “*I'm sorry I broke it*”. And through this, the researcher realised that what she intended on being ‘nice’ for the participants, was instead possibly intimidating for them. In ignorance, the researcher had taken for granted that the participants knew what pastels are and how to use them.

Similarly, in the final containing activity in which the participants decorated their envelopes to house their drawings, the researcher provided them with a variety of stickers, in order for them to ‘make it their own’. The stickers were presented in offering during the explanation of the activity. After some time of choosing, the researcher was somewhat disappointed to see that Gen had only chosen one sticker for her A4 envelope. After she said, “*I'm done*”, the researcher asked, “*okay, do you only want to choose one?*”. To which she replied, “*can I choose more?*”. In the same token, Michelle asked, “*is there a limit to how many I choose?*”. Despite there being over 50 stickers to choose from, the participants' responses showed

the researcher that they were not used to being treated with having a variety of choice. And even though she thought it was assumed, the researcher's instructions were not clear enough at first to fully allow them to enjoy the activity in the way the researcher had intended.

4.6 Re-authoring themes

This section will explore what insights can be taken from re-authoring conversations around the experiences of trauma. While the previous section explored problem-saturated stories of the participants' experiences of trauma through externalisation – this section will address how these transformed into preferred stories. Themes that emerged during the re-authoring conversations will be presented according to participants' values; their special abilities and their perceptions of the future. The exact meaning units that were used to identify the re-authoring themes can be found in Appendix R.

4.6.1 Values

Throughout the participants' account of their difficult experiences, it became clear that they have certain values that are important to them and their lives. These can be broadly grouped according to the value of self and life, and the value of family.

4.6.1.1 Self and life

While Kyle expressed feelings of guilt around having to defend himself from his mugger, realising that he values his life was particularly important to him. He acknowledges this through:

I just kind of didn't wanna die so I just tried to fight.

While feelings of guilt threatened his identity, where at times he perceived himself as being a violent person as a result of his incident – he realised that his decision to fight back was for the sake of his life that he values deeply. The major resolution Kyle took from his experience is that “*you just can't take it (life) for granted*”. He expresses how the scar on his lip now acts as a symbolic reminder of this:

This scar.. at the moment I felt like it's gonna be like really ugly, but after a while it just kind of showed me that it's just a mark to make me realise that I can at least live another day.

4.6.1.2 Family

In Storm's description of his immediate response to when his father was shot, he says he "*didn't know what was going on*". However, despite the shock and confusion, Storm took his younger brother and covered his body in protection with his. He explains that he:

...took my brother like this (gesturing holding him in his arms) and put him under me.

Through this, Storm acknowledges:

I was trying to take care of my brother.

Since his father's passing, Storm expressed how important his cousin and uncle are to him:

He's my cousin and also like my best friend. Because he and my father were also close, he said my father was also like a father to him. And now his father is like a father to me.

In Gen's difficult experience of seeing the man who was injured by his car on the pavement, she acknowledges that part of her fear was for her family. She explains

...cos I was thinking, what if that had to happen to them?

She emphasises how she values her family through the following:

I care about my family. And that even though they upset me a lot but even if they were in such a situation, I would still care for them and make them as comfortable as possible, even though they dying.

Even though Kirsty was treated unfairly by her step-father and grandmother after the passing of her mother, she explains how her aunty has supported her in finding justice for the money that was unrightfully taken from her:

My aunty, she like went to the children's court and then she told them about this, so they told her she must first be my guardian, that's why she's going to.. like she already went to the social worker and she had to fill out a form.

When asked how she feels about her aunty becoming her guardian and supporting her, Kirsty responded with a big smile, saying "*happy*".

4.6.2 Special abilities

The notion of special abilities refers to positive behaviour the participants took during their traumatic experience, as well as how this has influenced their lives since.

4.6.2.1 Caring for others

While Michelle expressed clear feelings of guilt at having bought her grandmother cigarettes the night before she died from lung cancer – this was transformed into an understanding that she was really caring for her grandmother through this. Michelle expresses this realisation by acknowledging that she bought her grandmother the cigarettes:

...to make her feel happy. Because she is so used to the cigarettes and taking it away from her wouldn't actually be nice...it would just be wrong because she did it every day. Why do you want to take it away from her now? She's on her death bed...

Michelle explains how this realisation dissolved her feelings of guilt:

I don't feel any more guilty because I know understand that as I explained to you she started smoking from a young age and you can't stop that – that also made me feel to lose the guilt I felt of giving her the cigarettes.

Storm explains that after his father was shot, although feeling like there was little he could do, he tried to help him by staying with him. He explains:

All I knew was that he was really in pain, there was nothing I could do, just talk with him.

Storm acknowledges that by staying with him and talking to him, he was “*trying to calm him and take his mind off what had happened*”. Storm also uses the story of when his brother was beaten up by strangers to explain how he was caring for his brother. Despite being beaten up himself, Storm acknowledges how he protected his brother:

But I picked up my brother and got him out

Through Gen's experience where she felt nobody did anything to help the injured man, she came to realise that her difficulties in this stemmed from the fact that she is a caring person. What she calls her loss of faith in humanity that day, was primarily due to the knowledge that she would have acted differently if it were her family. She explains that caring for others is a big part of who she is as a person:

I'm caring and I like to make people happy

With reference to her friend who struggles with depression, Gen says that she “*tried talking to her so she could go talk to someone, like social services*”. Acknowledging her dedication to help and support her friend, Gen explains:

I don't want her to feel like she's burdening me, I want to feel like she has someone to talk to about it.

Gen describes the extent of her caring for others through the following:

I especially care for people who don't have friends. Cos I also at one point in my life didn't have any friends. So I feel for that person. Also, I wouldn't, like, say now that there's a rumour going around, I wouldn't like it. So I try, if there is one, then I try.. if someone comes up to me and tells me.. then I'm like no and stop them. And also, there must be someone who cares.

Kyle explains that his difficult experience of having to defend himself made him think about the safety of his friends:

...what can I do to make me and my friends safer? And then I told them that they should always walk in groups...

Through this concern, Kyle realised that he was trying to help others avoid the same situation he was in. He also adds:

I felt like if it wasn't me, it would've been someone else. So.. I'm glad it was me.

4.6.2.2 Standing up for one's self

Gen and Michelle explain how, as a result of being subjected to verbal abuse, they have developed the ability to stand up for themselves. Admitting that she has learnt not to take “*nonsense from anybody*”, Gen describes herself through the following analogy:

I'm a porcupine. And I go on my way and I don't cause any trouble, unless someone comes at me, then I'll.. then I won't let them.

Realising that she has developed the “*confidence of standing up for*” herself, “*especially to bullies and stuff like that*” – Michelle explains:

I told myself I'm not gonna let their words, or whatever they tell me, I'm not gonna let them put me down. Because at the end of the day, I'm the one who's going more forward. At the end of the day, they won't get me where I want to be.

After Kyle's experience of having to defend himself, he expressed some appreciation for the realisation that he has the ability to stand up for himself. He explains:

I always thought I was the flight type, like I would run first, but just when it actually happened and I saw the

knife, I just kind of didn't wanna die so I just tried to fight.

4.6.2.3 Keeping the peace

Kirsty, on the other hand, values 'keeping the peace'. After being treated unfairly by her step-father and grandmother, she was able to avoid responding with a negative reaction. Instead of responding with anger, she approached it with maturity, saying "*I don't want trouble*". This also extends to other areas of her life, where she describes how she avoids arguments with others:

...sometimes I prefer not to confront my friends, like I just keep quiet and don't jump in.

Michelle sees value in this approach too:

Sometimes I don't want to stand up to them because then it's going to be a fight, so I'm just ignoring them because... at the end of the day they will also feel bad... like... 'okay, she's ignoring me – so why am I doing this?'

4.6.2.4 Opening up to others

While Gen and Michelle described clear difficulties with opening up to others during the externalising conversations, both describe how there have been incidents where they have managed to trust friends enough to open up to them. Gen explains that a large part of her healing process had to do with making friends – what she describes as:

...the right friends that I can talk to and stuff

She explains this further:

And then I started talking about my feelings, instead of keeping it in the whole time.

Similarly, Michelle describes a supportive friendship that she values, where she feels comfortable enough to open up about her feelings:

I went to go cry to her when I felt bad, and she also did that to me. Ja, actually she was the only person who knew a lot of stuff about me.

Storm also explains how talking to his cousin has helped him:

It actually helps a lot cos he like, he like knows what I'm going through, he talks every time, he doesn't let there be too long silence between us.

4.6.2.5 Ways of coping

Storm, Kyle and Michelle referred to specific strategies they used to help them cope. Storm embedded himself in sport, he explains:

...it just took my mind off things. Especially rugby, it was my father's favourite sport.

For Kyle, this involved digital gaming. He draws a comparison between the characters he plays as in the digital world of gaming, with how he responded to his attack. He explains:

...it's just like in a situation where you feel like you'd want to be the player that you play as in the game, or as the character in the game... Going into that specific situation, you feel like you know it what to do...

Michelle focused on her school work as a way of coping, which she explains managed to take her mind off the loss of her grandmother. Michelle explains that she knew she needed to move forward and express her resilience through this:

It's just who I am. I'm just someone that doesn't want to sit around and think about it... crying for too long is going to keep you back in life. Like with my grandmother, I needed to go forward.

4.6.2.6 Remembering the deceased

Storm, Kirsty and Michelle all described the special ability of remembering the loved ones they have lost. Storm describes how playing rugby, his father's favourite sport, helped him hold the good memories of his father, rather than the difficult memories associated with his loss:

It reminds me of the good, rather than the bad things that happened.

At the beginning of the researcher's time spent with Kirsty, she expressed that there was nothing she had done to help her through the loss of her mother, and was quite adamant in this belief. However, through conversation, it became clear that Kirsty had developed a certain routine around remembering her mother. One way of remembering her involves looking at photos of her, where she explains:

My aunt told me it will help get over it, cos she like made me a frame. So told me that if you look at the picture every day, you will get over it.

Kirsty also explained how she puts on her mother's favourite music and dances to it. She also sleeps with a big teddy at night that her mother gave to her, which reminds her of her mother, offers her comfort and makes her "feel warmer".

Michelle describes how after her grandmother passed away, she and her family shared memories of her:

All my cousins and I were sitting in my grandmother's room and we spoke aaaaall the good memories of my grandmother...

Even though there are still difficult memories associated with the loss, Michelle explains that she tries to “only remember the good ones, like the jokes she made”. Michelle also explains how she and her grandmother used to watch soap operas together on TV, which is something she still does as a way of remembering her.

4.6.2.7 Making the deceased proud

Perhaps intricately linked with remembering the deceased, comes the will to make the deceased proud. Storm expresses this by saying that he wants to follow in his father's path:

I wanna be just like him, I want to help my family

When asked how she thinks her mother would have felt about Kirsty responding maturely towards being badly treated by her step-father and grandmother, she replied with a bright smile saying:

She would be proud

Michelle explains that part of her reason for knowing that she had to move forward was because she knows her grandmother would have wanted her to. She describes her grandmother as “a person that wouldn't let things get to her”. And because of this, she explains:

My grandmother wouldn't want me to be sad, or a sad person.

Acknowledging that without her special abilities, she would be a sad person – the other participants also realised the value of their special abilities. Where without them, Storm says he “probably would have dropped out of school” and would just be in his room “crying”. Kirsty thinks she would have been “in a hole” without hers. Kyle thinks he “would've still just been trapped up” in his room. And Gen says “in a grave probably”.

4.6.3 Perceptions of the future

By realising their values and special abilities, the participants developed preferred stories for their experiences of trauma. In light of this, the participants were asked about their perceptions of their futures. All the participants had positive beliefs about their futures, with Michelle describing hers as “bright”. Kyle said that he thinks his values and special abilities will give him “more chance”. Gen describes her future through the following:

I think it's gonna be very bright, but there will be a few cloudy days, because everyone has those.

4.6.3.1 Academic goals

Within the exploration of participants' perceptions of their future, a theme of setting academic goals emerged. Kirsty explains this through:

I see my future now, after this, like I said I have something to live for now. I've studied – I've never done this before in my life, like studied two weeks before exams. I've started doing that now.

Kirsty also describes her academic goal according to wanting to make her mother proud:

...I have stuff to live for, like school work, like she would be proud of me to reach that university level and stuff. So I have stuff to live for.

Gen describes her immediate future with academic success, saying that she thinks she will “pass the exams... well”. And, while smiling, she describes her long term career goal as wanting to be a clinical psychologist. During the final interview with Storm, when asked how he had been, he responded with “I've been listening in class Katy”.

4.6.3.2 Personal development goals

A further theme of participants' future perceptions, also included goals for their personal development. Storm describes this as living a life that his father would be proud of:

I just thought to myself that my father was my hero. And I wanna be just like him when I grow up.

Kyle describes his future as living a “safer” life where he will “think everything through, like twice over”. With reference to her special ability of standing up for herself and keeping the peace, Michelle thinks this will take her “far”, because, she explains:

If I don't let people get to me then it won't affect my work and what I want to do in life... my family...

Michelle also sets forward ways that she tries to progress as a person:

But I try to help myself, I try to change a lot... Maybe I will count to ten for my anger and um I will change my attitude towards even learners. And become a nicer person and if people want to help me, then I will let them help me because that's the best way of overcoming your fear or whatever.

Through narrative questioning during the interviews that importantly explored the participants' responses to their traumatic experiences (as White, 2006 suggests) and what got them through these difficult experiences (as suggested by Mitchell, 2006), these themes of re-authoring emerged. Instead of focusing on the difficult details of the traumatic experiences, these lines of questioning allowed the participants to engage with their experiences from a safer territory (Mitchell, 2006). It could be argued that realising their values, special abilities and perceptions of the future, gives the participants a voice in context to trauma, where it becomes more possible for them "to take initiatives that are in harmony with what they give value to, with what they intend for their lives, and that are shaped by the knowledges and skills that are of their own histories" (White, 2006, pp. 13-14).

4.7 Description of the drawing process

This section serves to present the participants' drawings and the processes around this. The participants were invited to create two drawings: the first took place during the externalisation component of the interview which was intended as a means of expressing difficulties associated with the traumatic experience (or problem-saturated story); and the second took place during the re-authoring component of the interview as a means of expressing the preferred story of the traumatic experience (for example, values or special abilities). Observations taken during the drawing process, as well as participants' responses during this phase, were used as the primary source for the description that follows.

- **Michelle**

Michelle turned down the invitation to create an externalisation drawing, shaking her head and saying "*I don't want to draw, I would rather talk about it*". When invited to create a re-authoring drawing, she still showed some signs of resistance. While covering her mouth with her hand, although smiling, she said, "*I can't express my thoughts through drawing*". The researcher then suggested she use words to do so, which she accepted with some enthusiasm. She expressed the following:



Figure 3. Re-authoring: Skyscraper

Through this, Michelle represents her ability to overcome her experience with bullying. She used the lyrics of one of her favourite singers as inspiration. Interestingly, Michelle's body language changed when given the option of using words, instead of drawing – where her posture opened and she displayed a smile. She completed her creation with a sense of pride.

- Storm

The drawing component for Storm followed much the same process as it did for Michelle. When invited to make an externalisation drawing, he shook his head while smiling and said, *"I don't remember much of it, I can't like picture it (hand to head) anymore"*. Storm also accepted the invitation to use words in his re-authoring drawing, which is presented below:

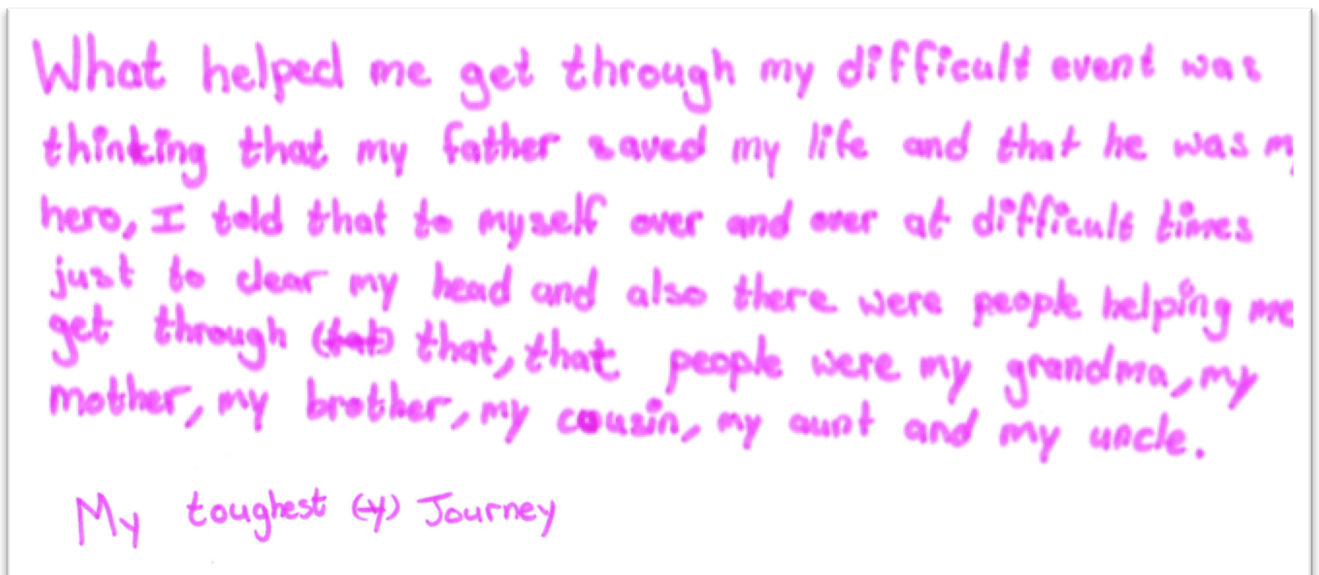


Figure 4. Re-authoring: My Toughest Journey

Through this, Storm expresses his value of family in developing a preferred story for his experience with trauma. Storm smiled when asked to give his creation a title and said that he felt “*better*” after writing it.

- **Kirsty**

Kirsty showed some hesitation when invited to do her externalisation drawing by shrugging her shoulders. However, she did accept the invitation but chose, like Michelle and Storm, to use words instead of draw. Kirsty expresses the moment she found out about her mother’s passing through the following:

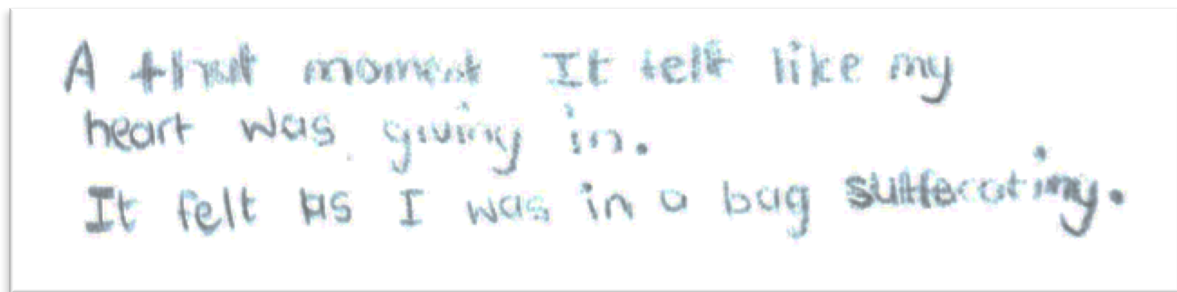


Figure 5. Externalising: Suffocating

Through this, Kirsty seems to equate how she felt when she heard the news with that of her mother’s death. While her mother died as the result of a heart-attack, Kirsty felt as though hers was giving in. Kirsty responded to the invitation of the re-authoring component with enthusiasm where she smiled and thought carefully about what she was going to write. This is presented below:

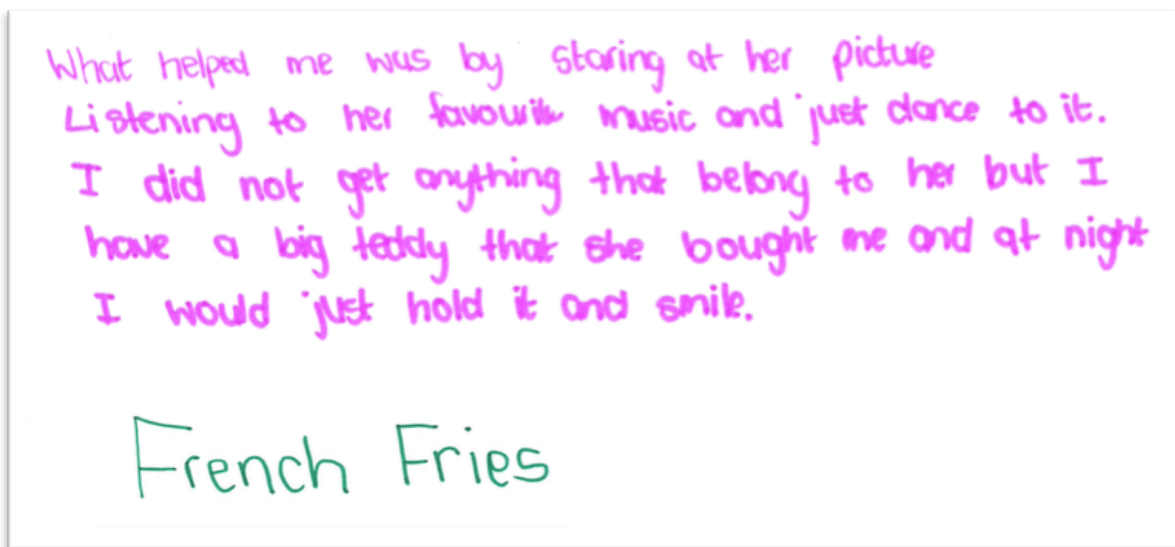


Figure 6. Re-authoring: French Fries

Through this, Kirsty represents the things she does to remember her mother which offer her comfort. Kirsty seemed to really enjoy giving it the title of “*French Fries*”. She explains that it refers to a memory of what she and her mother used to do together:

*When we would drive alone, then we would like stop
at the McDonald’s and buy French fries.*

Kirsty exhibited pride at completion and said she felt “*nice*” after writing.

- Kyle

Kyle showed appropriate motivation when invited to make an externalisation drawing. This is depicted below:



Figure 7. Externalising: The Day I Fought for My Life

Through this Kyle represents the moment just before the mugger stabbed him. He explains:

*This is the point where... the point before he stabbed
me. Before he actually got my lip. He held me down,
and I felt like.. if I don't do something about this I'm
gonna die.*

This seemed to be the hardest point of the experience for Kyle. He expressed relief on completion of the drawing, covering his mouth with his palm. Kyle’s re-authoring drawing depicts his way of coping through digital gaming, which is illustrated below:



Figure 8. Re-authoring: The Things that Saved Me

He explains how this was one of the things that “saved” him, showing pride at the completion of the drawing.

- Gen

Gen engaged in a lengthy process of drawing during the externalisation phase, which is presented below:



Figure 9. Externalising: The Day I Lost Faith in Humanity

When asked to describe her drawing she smiled and gave a detailed description. The top left part of the drawing depicts her life before the traumatic event. She explains:

This is me, before everything happened. I used to like, play outside, and be happy and stuff. And then I used to trust anybody and no one will like hurt me and stuff.

The bottom left part of the drawing depicts the event itself:

Then it happened and everyone just stood around and watched him, no one helped him, and he died.

The right side of the paper illustrates how the traumatic event influenced her feelings of unsafety. She explains this:

And then I stayed inside the house and then everything just went bad and I was always sad.

Gen includes images of men with knives and scars, possibly indicating the nature of the community as violent and threatening. Her life before the traumatic event is expressed with the shining sun – while the event itself and the difficult time that followed both have heavy dark clouds hanging over them. Gen's re-authoring drawing is presented below:

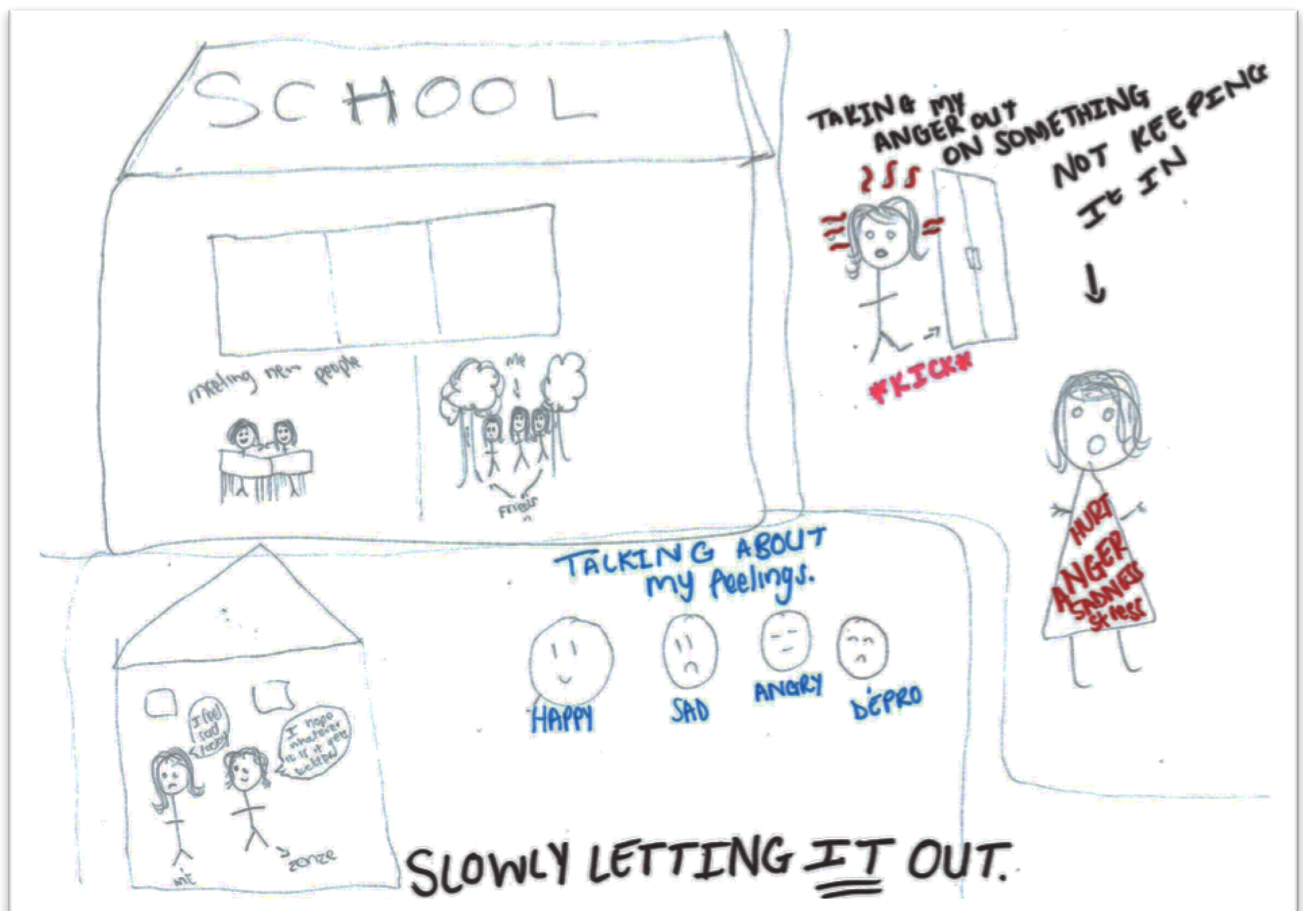


Figure 10. Re-authoring: Slowly Letting It Out

While explaining this drawing, Gen displayed open body language with instances of smiling and laughter. Gen explains this drawing according to the things that helped her let out her feelings. She explains this in relation to her best friend:

If I tell her I feel sad then she'll make me feel better.

She adds that opening up to others helped her get through her difficult time:

I started talking about my feelings instead of keeping it in the whole time.

She also illustrates letting out her anger instead of “keeping it in”.

4.8 Reflections on the drawing process

The final interviews, which were conducted a couple of days after the main interviews, were used to gain insight into how the participants felt about the process. Having described the participants’ drawings – this section presents the participants’ opinions on the drawing process itself. The exact meaning units that were used to identify the reflection themes can be found in Appendix R.

All the participants, besides Gen, admitted that they least enjoyed the drawing part of the process. Storm explained that he felt he could not express himself through drawing, saying that he lacked the ability, through, “*I can't really draw*”. Kyle, saying that he “*didn't enjoy the drawing*”, explains this according to:

The fact that I kind of had to go back and think of what specific moment to draw.

Michelle also made it clear that she does not like drawing, saying that she “*would have preferred anything rather than drawing*”.

The participants’ opinion on this can largely be explained according to the fact that they all had a preference for talking. Kyle explains that he “*prefers to talk*” through the following:

Okay for me the, I didn't actually think that we were gonna do that – I thought we were just gonna speak like open, like a heart-to-heart with each other. But I didn't mind it, it's just I would prefer talking more.

Kirsty felt that “*words are better*”, along with Storm. And Michelle expressed that she is “*better with communication*” of a verbal nature.

On the other hand, when asked about the process in general, Gen responded with:

It was nice, especially the drawing part.

Gen's enjoyment of the drawing process can be explained through the following:

I could express my emotions and like what happened.

Which is supported by the detailed drawings she created. When asked whether drawing is something she usually enjoys doing, she replied with:

It is... I do enjoy it. Since I was young.

Interestingly at the beginning of the time spent with Gen, she said she was nervous and when asked about this during the final interview, she explained:

I was nervous because I never usually talk about these things.

In this regard, it could be said that unlike the other participants, Gen's preferred mode of communication is not verbal in nature, where she has usually found it hard to talk about difficult experiences. This ultimately could have made her better suited to drawing as a form of expression. Gen also thought that the process of drawing made it easier to talk about the experience. This reflects arguments held in the literature that creative outlets in therapy, such as drawing, can aid the process of communicating one's experiences of trauma, opening up dialogues that are otherwise difficult to generate (Lev-Wiesel and Liraz, 2007; Malchiodi, 2012 and Talwar, 2007). Even though the other participants did not express clear value in the drawing component of the process, it must be noted that the act of drawing did open up avenues of dialogue that otherwise would not have been discovered. For example, Michelle's memory of getting French fries with her mother from McDonalds, emerged solely from the drawing process, adding to the broader theme of remembering the deceased.

It must also be emphasised that the process of participants giving their drawings a title, managed to generate a natural form of externalisation for the participants, particularly in terms of naming the problem (or problem-saturated story) and unique outcome (or preferred story). For example, Gen's title of 'The day I lost faith in humanity' named the problem of her trauma, whereas 'Slowly letting it out' named her unique outcome in response to trauma. Participants were, in this regard, able to use their own words in externalisation, as suggested by Angus and McLeod (2004) in the literature review. This allowed the researcher to then use the participants' own 'experience-near' definitions during the externalisation conversations, which arguably enhanced the process, as authors like White (2007); Carey and Russel (2002a); and McMahon (2000) propose.

When asked about other creative outlets as a form of expression – Storm, Kirsty and Michelle all said that they would have preferred making a collage over drawing. Kirsty and Michelle said that they would have also preferred writing a poem, while Gen disagreed saying:

I'm not a great writer so it would've been hard.

In line with this, it is worth mentioning the envelope activity that, although not initially intended as a form of data, provided some interesting insights. This activity was intended as a final containing exercise, where the envelopes were used to house the participants' drawings safely inside. They were offered a variety of stickers to decorate their envelopes with, which included different animal images, hand gestures (like 'thumbs-up' and peace signs), hearts, stars and so on. Out of interest, the researcher asked the participants why they chose the stickers they did. Intriguingly, all the participants, besides Kirsty, used the stickers to symbolise aspects of their preferred stories of their traumatic events – even though they were not instructed to do so.

Kyle chose a 'thumbs-up' sticker which he describes as “*that inspiration that you did it... that you're alive*”. Kyle, who expressed conflicted feelings of guilt around having to defend himself – seems to express some resolution with this by choosing a peace sign sticker. He explains:

*And peace is almost the fact that I don't like violence
so I chose that.*

Gen chose an elephant to describe her take on standing up for herself. She says:

*It's not that they're quiet, but they don't disturb the
peace, unless it's necessary.*

Gen also used a heart to represent her love and caring for people. She explains:

*I love people (pointing to the heart), I may say that I
don't, or act like I don't but I do love people.*

Michelle used a lion to represent her value of family. She explains:

*For me the lion ...is, they're very protective over their
family. Family comes first, like a lion always hunts for
his family, protects his family.*

Storm described the envelope activity as being his favourite part of the whole process – where he spent a vast amount of time carefully choosing his stickers and placing them on his envelope. Choosing footsteps as one of his stickers, Storm explains:

*This represents walking in my father's footsteps, that
I want to be just like him.*

With this said, it could be argued that this activity offered a less intimidating form of expression to the participants, especially for those that feel that they cannot express themselves through drawing. It also allowed them to think symbolically about their preferred stories – where certain images represented their values and special abilities as a way of almost summarising what they had learnt about themselves during the re-authoring conversations. It could also be said that this kind of symbolic activity lends itself

particularly well to narrative therapy, as a way of generating metaphors through externalisation and re-authoring, which McMahon (2000) encourages in the literature.

4.9 Reflections on the overall process

As a final segment to this chapter, this section presents how the participants felt about the overall process. The final interviews were used to develop insights into how participants perceived talking about their experiences of trauma.

All the participants had positive feedback to give on the process. Storm thought the process was “*fun*” saying that he has been “*better*” since:

It was just easier after I spoke to you.

Kyle said that he “*actually needed this*” and Michelle, describing the process as “*nice*” explains that:

It made me really...better than before we started with this process.

Kirsty, saying that the process “*felt good*”, expressed a heart-felt appreciation:

Just thank you for this because I feel better, and that there's been a big weight off my shoulders.

Within exploring the participants' reflection on the process, three main themes emerged, which will be discussed below.

4.9.1 Developing a sense of self-efficacy

All the participants indicated an improved sense of self-efficacy as a result of the process. This was either with regard to how they responded to their traumatic experience or as an improved sense of self-worth in who they are as people today. Storm says:

Now I know I was brave

Gen indicates how the process helped her to see the good things about herself, like being a caring and good person. She explains:

I feel better about myself now. I really felt, how do I say this, I really felt bad about myself, and I know that talking about it just reassured me.

She also adds, with reference to her career goal, that before she thought she was “*not equipped to become a psychologist, but*”, she explains, “*now I do*” with a smile on her face. Michelle explains how developing a preferred story of her experience with trauma makes her feel:

It's just that I never had the chance to speak about this like this, like what I did to get through that period, and it makes me.. feel like I'm actually strong.

Where she adds that:

It made me feel like I can accomplish anything if I want to do it.

Kyle says that he “*feel(s) more confident*” as a result of the process. Where he explains:

I'm more proud. I don't care what people think of me or not as much anymore.

Kirsty, indicating some resolution with the way she has been treated by her grandmother and step-father, explains that remembering her mother is the most important thing, where:

I don't need her clothing and her jewellery and stuff, I can just go on.

Perhaps this illustrates that a narrative approach to trauma resolution allows room for individuals to re-author perceptions of themselves and their identity (White, 2005; White, 2006; Mitchell, 2006). Instead of following the dominant discourse of being victims of trauma – the participants were able to develop their self-agency through their difficult experiences. Instead of the story being about what the trauma had done to them, it became about what they had done in the face of trauma.

4.9.2 Feelings of release

Through reflecting on the overall process, a theme emerged in which participants seemed to feel liberated by the process. Kirsty said:

I found it, I feel open... I feel opened, free.

She adds:

I felt awake, like I was awake.

And:

It's freeing.

Gen says:

I felt like I was... Like I was being set free.

Both she and Storm used fish in their envelope activities to represent this sense of liberation. Storm explains it as:

This means I'm free, in the ocean”

And Gen, pointing to the fish, explains:

It's just like free in a way but also has a lot of responsibilities.

4.9.3 The therapeutic relationship

The participants also commented on the value of the therapeutic relationship had for them during the process. Michelle explains this through:

Because I actually spoke to someone about how I feel, felt, about what happened with my grandmother and I never went actually, how can I say it.. so deep... because you're not like, you're actually like calm and you don't want to.. you take your own time. And you make sure that.. It was like, how can I say, it made me feel better and comfortable.

Similarly, Gen explains the value in:

Just talking about my feelings and stuff and being able to explain it properly without making a like loooong story about it.

Kirsty explains this in comparison to a time that she saw a social worker:

I've seen a social worker before and I wasn't.. She didn't ask me questions like.. She was like very busy, she's wasn't like into that, she was very busy.

Storm expressed that, “*talking to you Katy*”, was one of the best parts of the process for him. At the end of the final interview when asked if he had anything else to add, he asked, “*Will you be coming back Katy?*”.

In line with this, it is worth mentioning that there were various instances during the process with the participants in which the need for psycho-education arose. Kyle wanted to know about “*methods on how to cope differently with trauma*” and Gen wanted to “*find new ways to take out...anger*”. When Michelle expressed her guilt around having had a fight with her mother and not having had the chance to apologise to her, ideas around writing her a letter; creating a memory box and journaling were presented to her as options. Gen also wanted career advice on becoming a psychologist and also asked about ways she could help her friend who struggles with depression.

4.10 Conclusion

This chapter has explored the externalisation themes and the re-authoring themes that emerged from working within a narrative approach to the resolution of trauma. It has attempted to capture the transformations that took place for the participants during developing a preferred story of their experiences with trauma. In gaining insights into the use of drawings within a narrative approach, it was found that four of the five participants did not find value in the drawing component – where three chose to use written words instead of draw. The participants explained this according to feeling that they cannot express themselves through drawing and that they prefer to use verbal communication. Despite this, the drawing component of the process generated dialogue and aided the process of externalisation, particularly in terms of participants giving their drawings a title. One of the participants expressed value in the drawing process, where she explained that it helped her express her feelings and made it easier for her to talk about her experience. The participants seemed to find value in the envelope activity which allowed them to symbolically present their preferred stories through the choice of a variety of stickers.

In reflection on the entire process, participants expressed a more developed sense of self-efficacy; described experiencing feelings of release and conveyed value in the therapeutic relationship. The following chapter will draw conclusions on these findings and will offer recommendations based on these.

5

CONCLUSION

This closing chapter serves to discuss the implications of the findings of this research study. It will do so by outlining the insights that can be taken from using drawings in externalisation and re-authoring for young people who have experienced trauma. Consideration will also be given to the limitations of the study, as well as recommendations in light of the research findings.

5.1 Insights taken from using a narrative approach to the resolution of trauma

Using a narrative approach to the resolution of trauma offered the participant's an opportunity to transform their stories of trauma. This essentially allowed for the re-authoring of problem-saturated stories into preferred stories of the experience of trauma.

At first, Michelle expressed feelings of guilt around having bought her grandmother cigarettes and viewed herself as being partly to blame for her death. This was transformed into Michelle realising that she was actually caring for her grandmother by doing so and that she ultimately wanted to make her happy. Gen initially described how she 'lost faith in humanity' because of her traumatic experience. This was transformed into the realisation that she has 'slowly let it out' by trusting the people she cares for. Kyle first expressed guilt around having to defend himself during his mugging, conveying a concern that this might make him a 'violent' person. This was transformed into the realisation that he deeply values his life, and above all else believes in peace unless this is threatened. Kirsty first expressed feelings of injustice at not being given anything of her mother's to remember her by. This was transformed into the realisation that she does not need her mother's belonging to do so, but that the most important thing to her is remembering her mother through the things they used to do together and by making her proud. Storm first presented the moment of his father's shooting as not knowing what to do. This was transformed into the realisation that he was protecting his brother. This led to the understanding that he has been living in his father's footsteps – where he protects his family just as his father had tried to protect them.

The participants' initial problem-saturated stories of trauma ultimately represented narratives of victimhood, where participants viewed themselves as guilty and helpless, as a result of their experiences with trauma. This, in essence, reflects the dominant discourse of victimhood of trauma, that White (2006) argues holds the risk for young people of becoming 'the other' and structuring their identities around being 'damaged'. Through narrative therapy's approach to the resolution of trauma that focuses on the individual's responses to trauma, and not the details of the trauma itself, it is argued that the participants were given room to discover their values; special abilities and what they intend for their lives. As White (2006) suggests in the resolution of trauma, participants were able to see themselves as being active in the face of trauma, and not merely passive recipients. Which ultimately allowed them to see their lives and identities in a new light, giving them agency and a voice in the context of trauma. In this regard, the kind of positive personal transformations that took place for the participants in this research study runs parallel with what White (2005, 2006) proposes as the aims of working within a narrative approach towards the resolution of trauma with young people. It is also in accordance with the research literature, where Yuen (2009); Gentoso (2012); Mitchell (2006) and Appelt (2006) saw similar positive transformations when working with individuals who have experienced trauma within a narrative approach. These positive transformations could also reflect the notion of posttraumatic growth as discussed in the literature (Eagle & Kaminer, 2015; Sleijpen et al., 2016). In this way the positive transformations that the participants underwent can be linked to forming personal resolutions following a traumatic event, where resilience, personal strength and dispositional optimism are considered key factors (Eagle & Kaminer, 2015 and Sleijpen et al., 2016).

None of the participants displayed signs of re-traumatisation during the process, which White (2006) argues narrative therapy avoids, unlike contemporary cathartic approaches to the treatment of trauma. Much like Yuen's (2009) notion of 'less pain, more gain' in the resolution of trauma, participants were able to develop positive transformations without going through the pain of relaying the minute detail of the traumatic experience itself. Like that of Yuen's (2009) therapy with her client N, participants were given a safe territory of identity in order to give expression to their experiences of trauma.

The participants expressed feelings of release after talking about their experiences with trauma and showed value in the therapeutic relationship. This could arguably be attributed to solely having an outsider to talk to about their experience with, something which the participants had not had the chance to do prior to this research study. It could be argued that this notion of having a listening ear present, could be achieved through any humanistic approach to therapy. However, the theme of participants developing a sense of self-efficacy could be single-handedly attributed to a narrative approach to the resolution of trauma. Through the questioning strategies of narrative therapy which focuses on the

individual's responses to trauma, and not the details of the trauma itself, participants were all able to realise their self-agency – where they were not viewed as victims of trauma, but rather active participants in the face of trauma, which is what Mitchell (2006) proposed when working with children in a war-torn area. This in turn, led them to express their capabilities and display confidence in their abilities. As a result, all the participants viewed their futures in a positive light, and set goals for themselves that they believed that could achieve.

Another important insight in this regard, was that these transformations took place in a relatively short amount of time. Each interview session lasted on average an hour – which could be equated with a single therapy or counselling session. This holds important implications for the South African context where access to psychotherapeutic support is vastly limited or inaccessible to the majority of youths in our country (Kriegler, 2015). If a young person is able to fundamentally transform their perceptions of their trauma into one of self-agency, where their values and special abilities are realised in one session – this could have a far reaching positive effect on the resolution of trauma in South Africa.

5.2 Insights taken from using drawings in a narrative approach to the resolution of trauma

Drawings were incorporated in this study as a way of offering the participants a method of expressing an experience that was assumed to be difficult to talk about. Research, as described in the literature review, has generally shown that young people who have experienced trauma, typically find it hard to talk about (as suggested by Gil, 2006; Lyshak-Stelzer et al., 2007; Carey, 2006 and Malchiodi, 2007). This was solely not the case in this research study, where participants instead showed a keen willingness to verbalise their experiences with trauma. Van der Kolk (1994) and Zoellner and Bittenger (2004) propose that traumatic memories are stored on a somatosensory level, which results in the individual relaying it in a fragmented account. However, this was not the situation for participants in this study, who all managed to form clear narratives of their experiences with trauma. This could be attributed to the fact that the narrative approach to the resolution of trauma uses linguistic strategies that do not focus on the details of the trauma itself (White, 2006), thereby giving participants a safe territory of identity to express their experiences of trauma in a way that they felt comfortable with (Yuen, 2009). This willingness to talk about their experiences could also be explained by the fact that participants had had time to process their experiences with trauma, to the degree that it no longer impacted on their daily functioning, thereby making it easier to verbalise. Despite this, the participants did not find any particular value in the drawing process, which they explained according to having a preference for verbal expression and being able to express themselves well through words.

Gen, the only participant who showed value in being able to express herself through the drawing process, admitted that she usually found it difficult to talk about her experience of trauma. This corresponds to findings in the literature by Malchiodi (2012) and Talwar (2007) that propose that the use of arts in therapy provides a channel through which young people can express their emotions and communicate their experiences of trauma. She claimed that she had enjoyed drawing since she was little and that in this case, drawing helped her talk about her experience. In light of these findings, it is conceivable that learners who had experienced trauma but who found it difficult to talk about, would by default have been unlikely to volunteer for the study. Talking about their difficult experience of trauma with an outsider who they did not know, could have been viewed as an incredibly intimidating task, and it seems only natural that they would not have volunteered for the study. In this regard, this study could be limited in the sense that it did not fully explore the use of drawings with participants who found it hard to verbalise their experiences of trauma.

With the finding that most of the participants in this research did not find any particular value in this process of drawing, this is not to say that creative forms of expression should be excluded as options for individuals who are willing to talk about their experiences with trauma. This study presented a limited scope of creative expression by focusing exclusively on drawings. It was essentially by accident, that the value of the envelope activity emerged. Through this activity, the participants were able to symbolise their preferred stories of trauma in a way that almost ‘concreted’ what they had learnt about themselves through the narrative conversations. Even the participants who did not view themselves as ‘creative’ people, showed enjoyment in this task. With this said, it is probably important to view the use of creative expression within a narrative framework, without a one-size-fits-all approach. Although Racco and Vis (2015) propose that the use of art in therapy can be applied to all youths, despite developmental, cultural or cognitive diversity in the resolution of trauma – perhaps special attention needs to be placed on the medium of creative outlets applied in therapy. This study dealt only with drawings, which can arguably be intimidating for individuals who do not consider themselves artistic. As such, presenting individuals with a variety of creative options could likely better aid the process of externalisation and re-authoring, as suggested by Keeling and Bermudez (2006). Such options could include journaling, poetry-writing, collage-making and sculpture, to name a few. Perhaps activities drawing on the symbolic representation of narratives, like that of the envelope activity, could be particularly useful. In addition, such creative activities could be used as extensions to brief therapy as suggested Keeling and Bermudez (2006), which could enhance the time effectiveness of the narrative approach to the resolution of trauma even further, as discovered in this study.

It is important to note that the researcher got the impression that there might be more value in the use of creative activities in representing the preferred story of one’s experience with trauma. Where the use

of creative expression should possibly focus on re-authoring, rather than on externalisation. The instructions for the externalisation drawing component of this study explicitly said that the drawing did not have to contain exact details of the traumatic experience, where participants could instead express feelings and thoughts around this time. But it became clear to the researcher that it is difficult to visualise or represent something around the difficult event – without one’s mind being taken to the actual details of the event. As discussed in the literature review, a narrative approach to the resolution of trauma criticises conventional cathartic approaches that focus on the exact details of the trauma, because they increase the risk of re-traumatisation and emphasise the ‘victimhood’ of trauma (White, 2005; White, 2006). In light of this, asking an individual to create a drawing to externalise their experience of trauma, could admittedly fall guilty of this. While none of the participants in this study showed signs of re-traumatisation – it became clear to the researcher that drawing elements of the difficult experience could take the mind back to the event in ways that simply are not necessary for the resolution of trauma. With this said, individuals might benefit more from creative expression that represents their preferred stories during re-authoring. Giving individuals the opportunity to ‘draw’ themselves in a new light could be a more enjoyable and constructive process for them – where they have their own creation of their preferred story of their values and special abilities that gave them agency in the face of trauma, to take home and keep as a reminder. It is this, after all, that we want people to hold onto and remember – and not the trauma itself.

5.3 The ‘culture of trauma’ in South Africa

This study sought to explore the essence of trauma as experienced by youths in a lower socio-economic community of the Western Cape. Despite establishing an understanding of each participant’s unique experience with trauma – certain impressions were created of the community as a whole. In this regard, it is worthwhile ‘zooming out’ the lens from the lived experience of each participant, to view the community as a whole in relation to the experience of trauma.

As present in the literature, Eagle and Kaminer (2015) hold that entire communities can be traumatised. This holds true for communities in South Africa that have some of the highest levels of poverty, violence, abuse and neglect in the world (Kriegler, 2015). In this regard, it is argued that the context of this research study presents a community dominated by poverty, violence and crime influenced by the previous oppression and discrimination of apartheid. As Eagle and Kaminer (2015) suggest, the community as a whole can be seen to be fractured through trauma.

The theme that emerged of the ‘fear of the outside’ provides a good illustration of the everyday risks that people in the community face by leaving their homes. While these risks are generally violent in nature –

be it through crime or gang-related violence, the further risk of not getting help when it is needed is evident. Whether it is through the lack of assistance from by-standers, medical services and police support. But even in what should be considered the safety of one's home – the risk of domestic violence, sexual abuse, verbal abuse and home invasions is still present. In light of this, it is worth reminding the reader that the participants used for this study were the 'lowest risk' in the group of learners who had volunteered for the study – with more than half of the preselection group meeting the self-reported criteria for a diagnosis of PTSD.

The themes that emerged from the participants' problem-saturated stories of trauma run parallel to a study by Schiavone (2009) that was discussed in the literature review. Although an American study, it revealed that adolescents faced with community violence displayed survival mechanisms of distrust and isolation in order to cope with the confusion, emotional distress and fear associated with trauma (Schiavone, 2009). The themes of 'fear of the outside' and difficulties 'opening up' in this research study, resonate with difficulties face by the adolescents in Schiavone's (2009) study of living in a community with high levels of violence. The researcher got the clear impression that individuals in the community of this research setting, whether directly having had experienced trauma or not, have to make it their priority to be alert to their surroundings for the sake of survival. Where the community is one dominated by fear, perhaps a natural consequence is individuals' distrust of others. With people in the community's main priority being to protect themselves – it is likely that they are less willing to help those who are in need of help, which is reflected by the theme of 'nobody did anything to help'. People need to watch their own backs, before watching the backs of others, so to speak.

In light of this, Hamber (2000), uses the quote "Have no doubt it is fear in the land" from *Cry the Beloved Country* (Paton, 1949) to title his article on the continuing cycles of violence in South Africa. The quote goes on to read:

Have no doubt it is fear in the land. For what can men do when so many have grown lawless? Who can enjoy the lovely land, who can enjoy seventy years, and the sun that pours down on the earth, when there is fear in the heart?... (Paton, 1949, as cited in Hamber, 2000, p. 5)

This notion of 'fear in the land' rings true to the participants' description of what everyday life in their community entails. Hamber (2000) describes South Africa's 'culture of violence' as being the result of the political violence that took place during apartheid, as well as the current levels of criminal violence in our country. Hamber (2000) explains that in communities,

the large scale political conflict and criminal violence, and particular brutal acts of violence...tend to receive attention at the expense of the more hidden costs of violence. For example, violent intra-community conflict can cause the destruction

of the social fabric and culture of communities, and disrupt schooling, resulting in an incremental disadvantage over time. (p. 15)

It could be argued that this research study has given an account of the ‘more hidden costs of violence’ through a description of the lived experiences of the participants in a particularly violent community. In addressing the ‘culture of violence’ in South Africa – it is impossible to separate this from the phenomenon of trauma. If South Africa is described as having a ‘culture of violence’, it should be equally described as having a ‘culture of trauma’, as it goes without saying that the former results in the latter. Hamber (2000) argues that “all of South African society has been traumatised to some degree” (p. 16). Whether directly experiencing trauma, witnessing it, learning about or even inheriting it through transgenerational trauma, it is something that is likely to affect the lives of most South Africans. Trauma and its effects have appeared to weave its way through the fabric of our society at large – where its influence on the everyday lives of South Africans should not be overlooked.

5.4 Limitations of the study

Perhaps another element that could explain the lack of success in the externalisation drawings was that the instructions lacked clarity. They were admittedly vague, with participants often asking for clarification or examples of what to draw. When participants were not comfortable with drawing, the instructions changed to include words – which could have resulted in even further confusion. The timing of the externalisation drawings was also problematic in the sense that they took place quite early on in the process. This did not allow much time for the researcher to build rapport with the participants, possibly enhancing their discomfort with the drawing process even further. To fully explore the use of drawings within a narrative approach, it is likely that more time with participants could yield more conclusive results.

While all the participants were fluent in English, Michelle spoke Afrikaans as her home language. With the researcher speaking predominantly English only, at times it became hard for Michelle to fully express herself. While no blatant miscommunications occurred, the researcher got the impression that Michelle sometimes expressed frustration in not being able to ‘find the right word’ she was looking for. This could have affected the essence of what Michelle was trying to say at times. Besides this, the possible language barrier could have affected the power-relations of the relationship. Michelle was changing her words to suit the researcher, when it admittedly should have been the other way around.

5.5 Recommendations

Due to the ethical restrictions of this study, the participants were those who had experienced trauma but who had managed to work towards enough of a resolution for the effects of trauma not to influence their lives in relation to PTSD symptomatology. It would be interesting to explore working with this approach with young people who would fall under the medium to high risk categories. Perhaps this kind of research would be best suited to a doctorate level of research, in which the researcher or therapist has access to clients on a more permanent basis within a therapeutic setting, especially incorporating creative strategies for clients who are less willing to talk about their experiences with trauma.

While this study focused specifically on the use of drawings as a creative strategy within narrative therapy, it was fairly limited as far as the scope of creative strategies go. With creative strategies lending themselves well to narrative therapy, future research that explores a variety of creative approaches would be beneficial.

Researching childhood trauma is undoubtedly difficult – particularly because the risk of re-traumatisation is always present. For this reason, it could be argued that research in this field is particularly avoided, especially for researchers who have not yet fully qualified as psychologists. With this said, the ethical considerations and safety measures used in the methodology of this research study could be used as a framework for future researchers as a guide to ensure the safety and benefit of their participants. In line with this, the observation checklist (Appendix G), devised by the researcher to assess for signs of re-traumatisation during the drawing process, could be used by future researchers. This checklist could help researchers or professionals in the field become aware of non-verbal signs of re-traumatisation, and what practical steps to take, should they occur (for example, grounding techniques).

The interview structure used in this research study (Appendices D and E), which was adapted from Gentoso's (2012) interview structure for working towards the resolution of trauma within a narrative approach – could be particularly useful within the South African context. The interview structure that was devised especially for working within a limited time frame, could be particularly useful in settings where time and resources are limited, as is often the case in the South African context. This narrative therapy interview structure could be a useful guide to therapeutic conversations in order to achieve positive transformations in the resolution of trauma with young people, in a short amount of time.

5.6 Reflection

In exploring what insights can be taken from using drawings within a narrative approach with youths who have experienced a traumatic event, this research study has found that a narrative approach to trauma provided participants with the opportunity to re-author their stories of trauma. Through this, the participants were able to transform their stories of being victims of trauma into ones of being active participants in the face of trauma – where their values, special abilities and perceptions of the future were given precedence over their difficult experiences. In light of using drawings within this approach, although the majority of the participants reported that they did not find any direct value in the drawing process, it can be said that it fuelled elements of dialogue that would not have been possible without the use of drawings. Through the process of giving their drawings titles, this allowed the participants to ‘name the problem’ during externalisation in a way that was unique to them and their personal experiences. With drawings being one medium of creative expression, it was found that exploring a variety of creative options suited to the individual could hold greater value.

Through answering the research questions set out in this study, the researcher was forced to think about the phenomenon of trauma on a more critical level. Stepping into the shoes of the participants of the study, forced the researcher to realise just how difficult everyday life is for these young people. And in comparing her own youth and life circumstances with that of the participants’, it became evident that the only major defining factor that separates these different lives, comes down to what seems like a very ruthless ‘luck of the draw’, - where the setting into which one is born, ultimately determines the level of trauma one is exposed to in life. Through the researcher embedding herself into this community, she was able to come to understand life for its members in a way that would never have been possible, had it not been for this research study. And through this, she learnt of the undeniable injustice that exists between the privileged and the under-privileged in our country.

It goes without saying that trauma and its effects are not a problem with people – but rather a problem with society. One that is fractured by inequality and social injustice, where people have no choice but to endure these adverse circumstances. This rings true to Edward’s (2012) notion that trauma exists in the

abuse of power, state repression, endemic conflicts between communities and cycles of poverty and violence, and the need for political, societal and institutional change. (p. 122)

Despite this, the researcher was overcome by the resiliency of the young people in this research study, whose overwhelming sense of hope and positivity has allowed them to stand up for themselves – despite the systems that have failed them.

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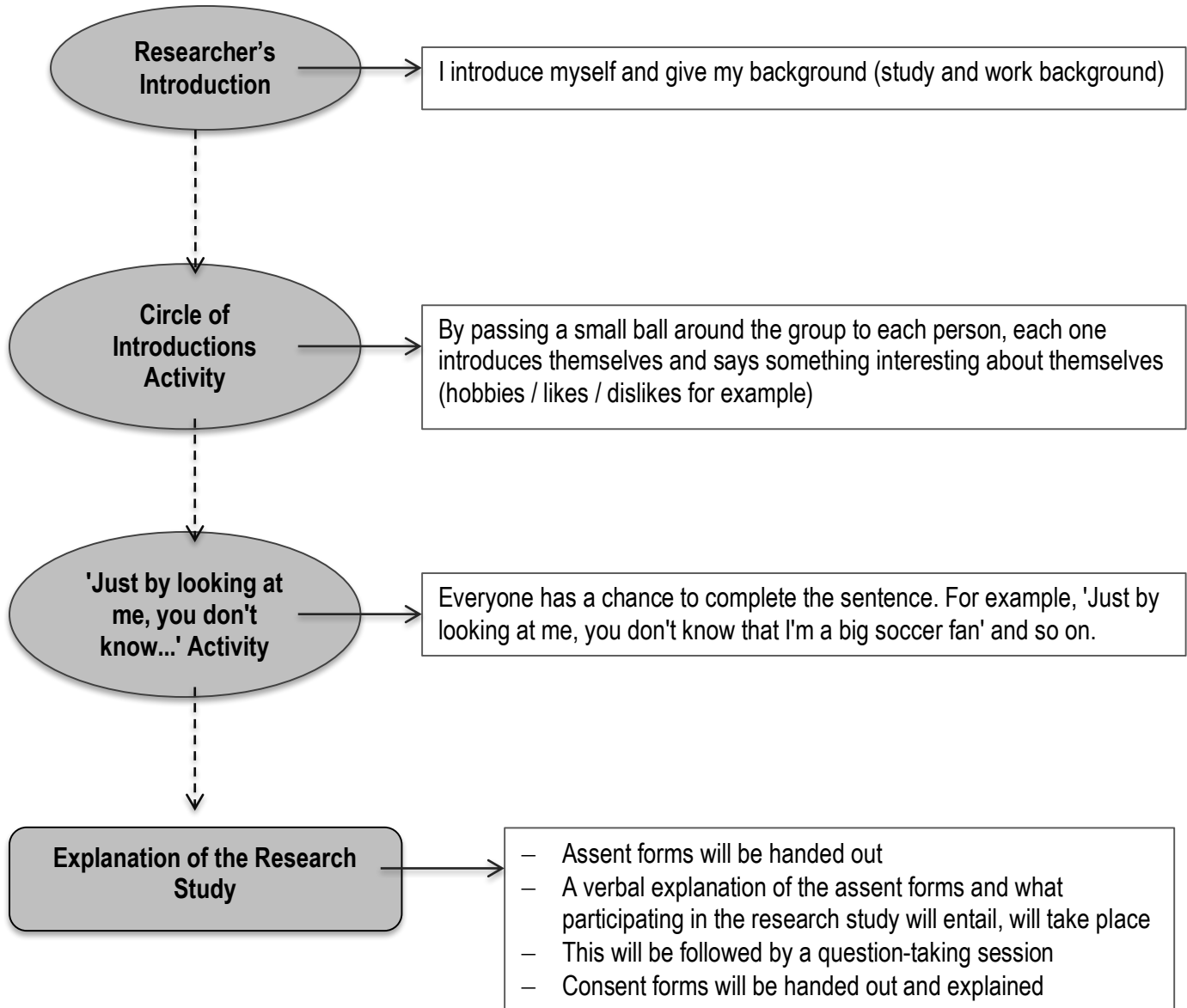
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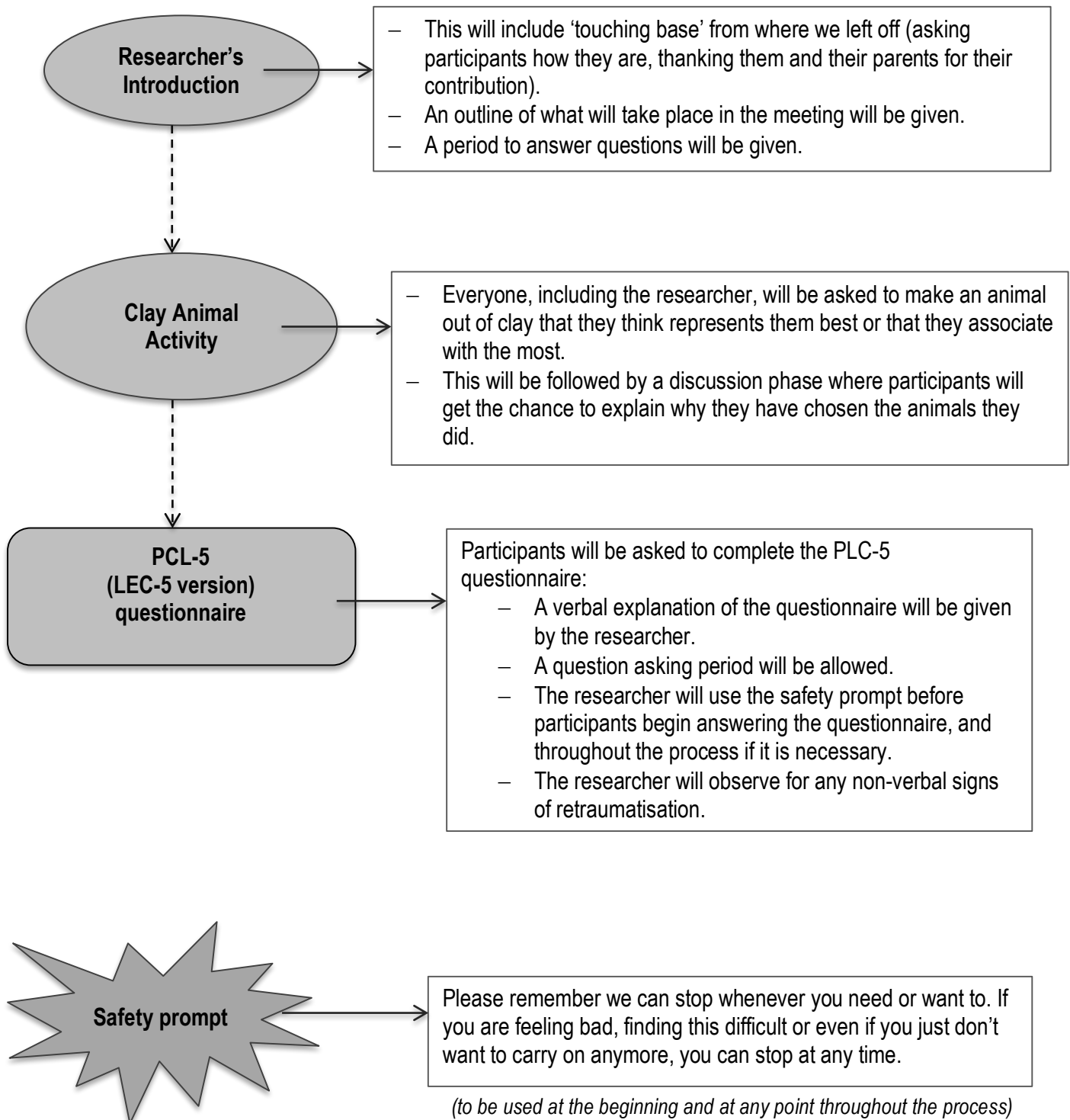
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Appendix A: Agenda of First Meeting



Appendix B: Agenda of Second Meeting



Appendix C: Posttraumatic Stress Disorder Checklist (PCL-5)

PCL-5 with LEC-5 and Criterion A

Part 1

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Part 2

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of: _____

B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all options that apply):

Briefly describe the worst event (for example, what happened, who was involved, etc.). _____

How long ago did it happen? _____ (please estimate if you are not sure)

How did you experience it?

_____ It happened to me directly

_____ I witnessed it

_____ I learned about it happening to a close family member or close friend

_____ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

_____ Other, please describe _____

Was someone's life in danger?

_____ Yes, my life

_____ Yes, someone else's life

_____ No

Was someone seriously injured or killed?

_____ Yes, I was seriously injured

_____ Yes, someone else was seriously injured or killed

_____ No

Did it involve sexual violence? _____ Yes _____ No

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

_____ Accident or violence

_____ Natural causes

_____ Not applicable (The event did not involve the death of a close family member or close friend)

How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

_____ Just once

_____ More than once (please specify or estimate the total number of times you have had this experience _____)

Part 3

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Appendix D: Interview Schedule – Externalising Conversations

Rapport-building exercise

Safe Place Exercise

This rapport-building exercise will consist of the following directions and dialogue:

- Please close your eyes (or look down) and take a few minutes to think about a place (it can be real or imaginary) where you feel very safe, calm, and happy.
- Do you have your safe place in mind?
- Okay, now I would like you to draw a picture of your safe place on this piece of paper. Add as many details as you can to show what you see, hear, smell, taste, and feel when you are in your safe place.
- Would you like to tell me a little bit about this drawing of your safe place?
- What are some of the things you see; hear; smell; taste and feel in your safe place?
- What does your safe place mean to you?
- Can I tell you a bit about my safe place?
- Researcher will describe her safe place and say: Sometimes when I feel scared or tense, I close my eyes and imagine I am in my safe place. It usually helps me feel a lot calmer and safe. Do you think this could work for you?

Externalisation Drawing prompt

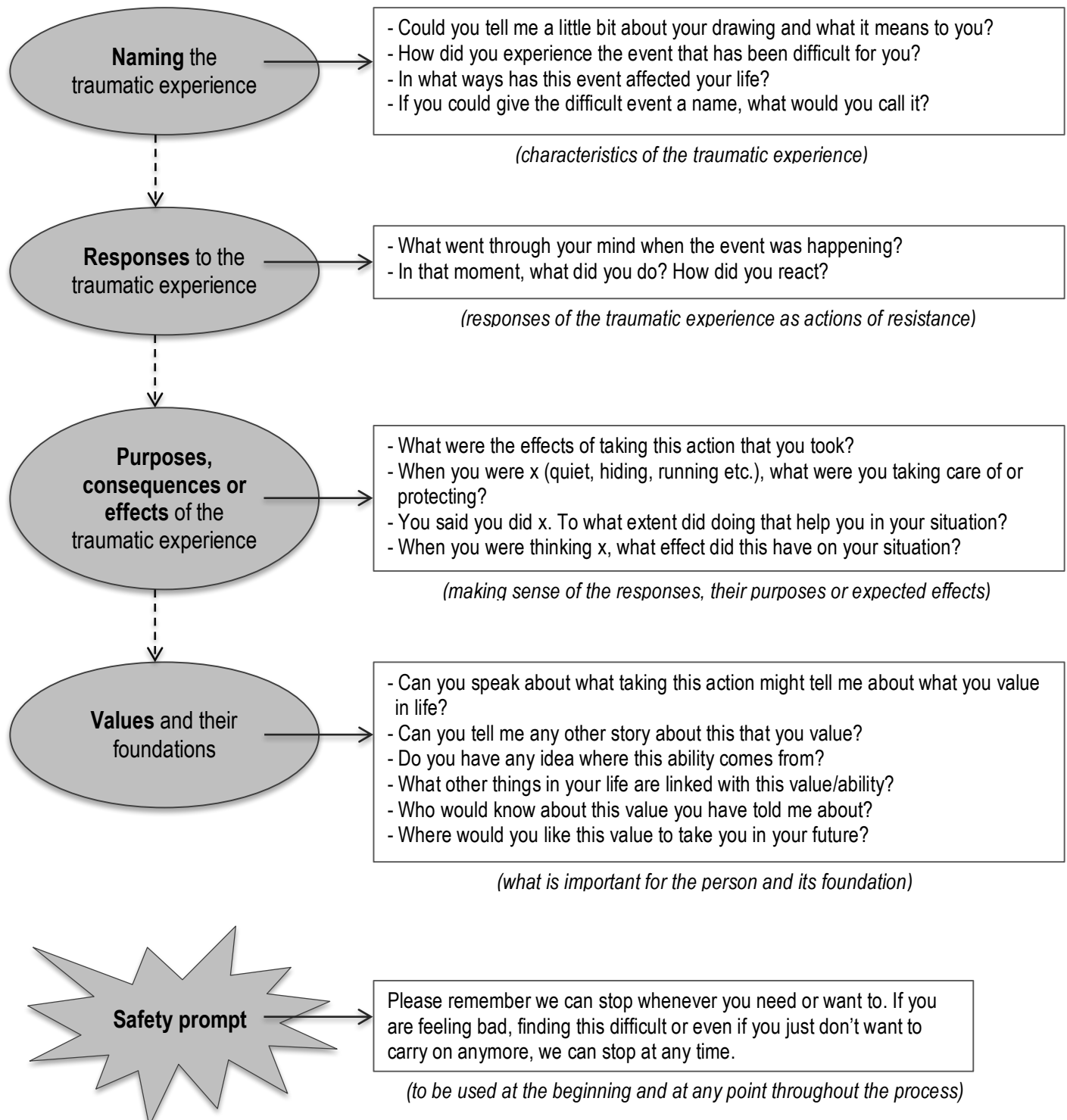
The drawing prompt will consist of the following directions:

Do you think you could now draw a picture of your experience of the difficult event that has given you a hard time? Your drawing doesn't need to be perfect and it doesn't need to contain actual details of the event. It is just important that you try and express your feelings about the experience in your own way and in a way that you are comfortable with.

After the drawing has been completed, the following themes and lines of questioning will be addressed:

THEMES:

LINES OF QUESTIONING:



Lines of questioning were adapted from Gentoso, I. L. (2012). Enriching the history of trauma: An interview methodology. *Explorations: An E-Journal of Narrative Practice*. Issue 1. Dulwich Centre Publications, Adelaide.

Appendix E: Interview Schedule – Re-authoring Conversations

Re-authoring Drawing prompt

Now that we have discussed your responses to the traumatic event, I would like you to please make a drawing of the value / response / belief / special ability that got you through the experience. Remember that your drawing doesn't need to be perfect and it doesn't have to contain actual details of the event.

After the drawing has been completed, the following themes and lines of questioning will be addressed:

THEMES:

LINES OF QUESTIONING:

Describing the preferred storyline

- Could you please tell me about your drawing.
- How are you feeling now, after making this drawing, about the difficult event?
- Without this value / response / belief / special ability that you have told me about in your drawing, where do you think you would be?

(characteristics of the preferred story)

Thickening the preferred storyline

- Can you think of other ways you responded to the difficult event, after it occurred (days, weeks, months or years)?
- What were the effects of taking this action that you took?
- When you were x (avoidant, angry, scared etc.), what were you taking care of or protecting?
- You said you did x. To what extent did doing that help you in your situation?
- When you were thinking x, what effect did this have on your situation?
- Why do you think you had these responses in reaction to the difficult event?
- What have been the consequences of you getting through the traumatic experience?

Questions about **further responses to trauma**

Questions about **new avenues of identity**

- How do you think of yourself as a person, with this new knowledge?
- What would you guess that I am thinking about you, now that I know your responses, your values and some aspects of your life?
- Who else would know about or have witnessed these values / beliefs / special abilities in you?

Questions that relate to a **preferred future**

- Knowing your values and what is important to you, how do you imagine your future to look?
- What possibilities might open up now or in the near future as a result of this conversation?

Interview schedules were adapted from Gentoso, I. L. (2012). Enriching the history of trauma: An interview methodology. *Explorations: An E-Journal of Narrative Practice*. Issue 1. Dulwich Centre Publications, Adelaide.

Appendix F: Interview Schedule – Gaining Insights into the Process

Now that some time has passed since we last met, I would like to ask you a few questions about the process of drawing and talking about the experience of trauma. This is so I can understand how you felt about the process, so please give me your honest opinion.

1. Let's begin by you telling me a little bit about how you found the process in general. Please could you tell me about how you felt about the process of drawing and talking about the experience of trauma?
2. How did you feel during the process of drawing?
3. How did you feel during the process of talking?
4. Did the way you understand the traumatic event change in anyway during the process?
5. Did the way you understand the way you responded to the traumatic event change in anyway during the process?
6. Did the way you understand yourself change in anyway during the process?
7. Did the way you view your future change in anyway during the process?
8. Has the way you view the traumatic experience changed in any way since the process of drawing and talking about the experience of trauma with me?
9. Was there anything you found good about the process?
10. Was there anything that you found bad about the process?
11. If you could change or add anything to the process, would you? If so, what?
12. Is there anything else you would like to add or that you think I should know about?

Appendix G: Observation Checklist for Drawing Process

Participant: _____
Drawing number: 1 2

Start time: _____ End time: _____
Duration: _____

Approach to the drawing prompt:

- ☐ appropriate motivation
- ☐ enthusiastic
- ☐ hesitant
- ☐ resistant
- ☐ apathetic

Non-verbal signals of discomfort:

- ☐ shivering / chills
- ☐ increased breathing rate
- ☐ increased heart rate
- ☐ paleness of skin
- ☐ blushing of skin
- ☐ perspiring
- ☐ tension in muscles
 - ☐ elbows drawn to sides
 - ☐ jerky movements
 - ☐ legs tightly wrapped
 - ☐ twitching
 - ☐ clenched fists
 - ☐ tightened shoulders
- ☐ defensive body language
 - ☐ crossed arms
 - ☐ drawing in / crossing limbs
 - ☐ closed posture
- ☐ facial grimaces / winces
- ☐ clenched teeth
- ☐ tightened jaw
- ☐ dry mouth
- ☐ wrinkled chin
- ☐ eyebrows pushed together
- ☐ trembling lips
- ☐ tears / crying*
- ☐ pulling hair*
- ☐ biting nails
- ☐ tapping
- ☐ avoidance of eye-contact
- ☐ scattered eye focus
- ☐ gasping
- ☐ holding breath
- ☐ loss of awareness / 'zoning out'*
- ☐ suddenly quiet / remote
- ☐ exaggerated startle response / 'jumpy'*
- ☐ agitation / irritability

Notes:

Somatic complaints:

- ☐ nausea
- ☐ stomach ache
- ☐ head ache
- ☐ needing to go to the bathroom
- ☐ dizziness / feeling faint

Non-verbal signals of relaxation / enjoyment:

- ☐ regular breathing rate
- ☐ sitting upright
- ☐ head erect and pushed forward
- ☐ open body language
 - ☐ open fists
 - ☐ palms exposed
 - ☐ outstretched limbs
- ☐ relaxation in muscles
 - ☐ ease of movement
 - ☐ leaning back in chair
 - ☐ dropped shoulders
- ☐ slightly raised eyebrows
- ☐ gently playing with hair
- ☐ mouth smiling
 - ☐ open
 - ☐ closed
- ☐ laughing
- ☐ steady gaze of eyes on drawing (focus)
- ☐ makes eye-contact

Notes:

Drawing process:

- ☐ distinct gaps in drawing process (time lapses)
- ☐ continuous flow in drawing
- ☐ signs of perfectionism
 - ☐ continual erasing
 - ☐ asking for a new sheet to paper (restart)

Drawing method / materials used:

- ☐ lead pencils
- ☐ coloured pencils

- ☐
- fine-liners

- ☐
- pastels

Attitude on completion of drawing:

Shows signs of

- ☐hesitation

- ☐
- neutrality

- ☐
- relief

- ☐
- pride

Quotations of participant during the drawing process:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Other observations:

[illegible]

Notes:

[illegible]

Safety procedure:

- At any non-verbal signals of discomfort or somatic complaints, the **safety prompt** will be given.
- If non-verbal signs of discomfort or somatic complaints continue, the drawing process will be discontinued, the researcher will use **grounding techniques** on the participant and the participant will be referred to the WCED district psychologist.
- If participant shows signals marked with *, the drawing process will be immediately discontinued. **Grounding techniques** will be used and the participant will be referred to the WCED district psychologist.

Safety Prompt:

"Please remember we can stop whenever you need or want to. If you are feeling bad, finding this difficult or even if you just don't want to carry on anymore, we can stop at any time."

Grounding Techniques:

- Grounding Exercise 1
- Name 5 things you can see in the room with you.
- Name 4 things you can feel (e.g. chair on my back; feet on floor)
- Name 3 things you can hear right now (e.g. birds singing; wind blowing)
- Name 2 things you can smell right now (or, 2 things you like the smell of)
- Name 1 good thing about yourself
-
- Grounding Exercise 2
- Begin by tracing your hand on a piece of paper and label each finger as one of the five senses, while breathing deeply and slowly. Take each finger and identify something special and safe representing each of the five senses. For example, the thumb may represent sight and a label for sight might be an eagle or the middle finger could represent the sense of smell and could be represented by a dog.
- After writing and drawing this on the paper, take it home with you and put it somewhere special, where it can be easily seen. Whenever you feel uneasy, breathe deeply and slowly, look at your hand and at each finger and try to do the five senses exercise from memory.

Appendix H: Assent Form



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

STELLENBOSCH UNIVERSITY ASSENT TO PARTICIPATE IN RESEARCH

Exploring Drawing as a Tool for Externalisation and Re-Authoring Conversations with Children who have Experienced Trauma

Hi there! You are being asked to take part in a research study by Katherine Trangoš, from the Department of Educational Psychology at Stellenbosch University. You are being asked to take part in this study because you are between the ages of 13 to 18 and have experienced a difficult event.



The findings of this study will go towards my master's thesis. My research study will be supervised by Mrs M.D. Perold.

1. PURPOSE OF THE STUDY

The study aims to discover what insights can be taken from using drawings within a narrative therapeutic approach with children who have experienced a stressful event. This means that this study wants to see whether using drawing and a certain way of talking can help young people who have gone through a difficult event. This study's goal is to add to knowledge of childhood and adolescent trauma in South Africa.

2. PROCEDURES

If you say you would like to take part in this study, we would ask you to do the following things:

- To go to a group meeting with a few other learners who would also like to take part in this study. In this meeting you will get to know me, the researcher, better and get to ask me questions. You will be asked to answer a questionnaire in writing about your experiences of a difficult event. This meeting will take about 1 and a half hours and will happen in a private room at the school.



- To meet me by yourself so that I can interview you about your experiences of the difficult event. During this time you will also be asked to create 2 drawings. This will take place in a private room at the school. This meeting will take about 2 hours.
 - To meet me by yourself again so that I can ask you a few questions. These questions will be about how you felt about the process, the previous time we met. This will also take place in a private room at the school. This meeting will take about 30 minutes.
- ⇒ I will arrange all of the meetings together with you, for when it suits you best.
- ⇒ Taking part in this research will mean meeting at 3 separate times, with a total time of about 4 hours.

3. POTENTIAL RISKS AND DISCOMFORTS

Talking about your experience of an event that gave you a hard time could be difficult for you or make you upset. You will not be forced to talk about anything you do not want to talk about and you will be able to stop at any point. If you find taking part in the study upsetting in any way, I will organise for you to see the district school educational psychologist of the WCED for counselling.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By taking part in this research study, you could benefit by making sense of and understanding your experience of a difficult event better. The various activities used during the study could benefit you by helping you learn to express yourself and think deeply about who you are as a person.

By participating in this research study, you would help add to the knowledge of childhood and adolescent trauma in South Africa. From this, other children and adolescents who have experienced a traumatic event could benefit.

5. PAYMENT FOR PARTICIPATION

You will not be paid or given a prize for taking part in this research study.

6. CONFIDENTIALITY

This section is about making sure that the things you share with me in this study can't be traced back to your name or face (basically, who you are). This means that all the information you give me during this study will not be linked to your identity (unless you want to share your name or the law requires it). Everything you share in this study will be private.

This will be done by:

- Giving you and your school a pseudonym (a false name) when working with data and presenting the findings of the study (in the thesis or a publication of the study). For example, if your name is David in real life, you will be given a different name like Peter.

- Storing all electronic information on a password-protected computer that only I will have access to.
- Locking away all transcribed data and observation notes (physical documents) in a cabinet only accessible by the researcher. This means that only my supervisor and I will have access to any information that I record or write down.
- Keeping hard copies of the data in a safe place for 5 years, after that they will be destroyed.
- I will make audio-visual recordings of what you share during the study. You are allowed to view them or change anything you have said, if you would like to. Only my supervisor and I will be allowed to view these recordings. They will be deleted as soon as I take down notes on them.
- I will never share the information you give in this research study with your teachers or principal so that your identity is exposed.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you say you would like to be in this study, but you don't feel like it at a later stage, you can leave the study without feeling bad. You can also say if you don't want to answer some questions (it's okay if you don't want to) and you will still stay in the study. If something happens that makes me feel it is better for you not to take part in the study, I will explain why so that you understand.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research study, please feel free to contact either:

Me, the principal researcher:	Katherine Trangoš 084 718 1849 katy.trangos@gmail.com
My research supervisor:	Mrs M.D Perold 082 358 9182 mdperold@sun.ac.za

Both my supervisor and I can be contacted anytime, including after hours, in case of emergencies.

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty or any circumstances. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This means that you are allowed to stop participating in the research at any point, without explaining or feeling bad about it. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development at Stellenbosch University.

10. SUPPORT FOR DIFFICULT EXPERIENCES

Many people in South Africa experience difficult events on a daily basis. It is important to know that there is support out there for you. Here is a list of places that you, or someone you know, can phone for professional help at any time:

The Trauma Clinic

24Hour Emergency
Helpline:
084 944 9444
or
021 392 4147

The Tygerbear Foundation for Traumatised Children & Families

24Hour Emergency Helpline:
082 994 4301

The Trauma Centre

Appointments for trauma counselling
can be made telephonically or via email:
021 465 7373 (Office line)
082 444 4191 (Emergency Line)
info@trauma.org.za

SIGNATURE OF RESEARCH PARTICIPANT

By signing below you are agreeing that:

The information on this form was explained to me by Katherine Trangoš. It was explained in English, which I understand or it was translated to me. I was given the opportunity to ask questions and these questions were answered so that I understood. I volunteer to take part in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the participant*]. [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used / this conversation was translated into* _____ by _____].

Signature of Investigator

Date

Appendix I: Consent Form



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Exploring Drawing as a Tool for Externalisation and Re-Authoring Conversations with Children who have Experienced Trauma

Dear Parents and Guardians

Your child has been asked to volunteer to participate in a research study conducted by Katherine Trangoš, under supervision of Mrs M.D. Perold from the Department of Educational Psychology at Stellenbosch University. The results of this study will be contributed towards my master's thesis. Your child was selected as a possible participant in this study because he/she is between the ages of 13 to 18 and has experienced a difficult event.



1. PURPOSE OF THE STUDY

The study aims to discover what insights can be taken from using drawings within a narrative therapeutic approach with children who have experienced a stressful event. This means that this study wants to see whether using drawing and a certain way of talking can help young people who have gone through a difficult event. This study's goal is to add to knowledge and understanding of children and adolescents who experience stressful events in South Africa.

2. PROCEDURES

If your child volunteers to participate in this study, we would ask her/him to do the following things:

- To go to a group meeting with a few other learners who would also like to take part in this study. In this meeting your child will get to know me, the researcher, better and get to ask me questions. Your child will be asked to a questionnaire about his/her experiences of a difficult event. This meeting will take about 1 and a half hours and will happen in a private room at the school.
- To meet me so that I can individually interview your child about his/her experiences of the difficult event. During this time your child will also be asked to create 2 drawings. This will take place in a private room at the school. This meeting will take about 2 hours.
- To meet me again so that I can ask your child a few questions. These questions will be about how your child felt about the process, the previous time we met. This will also take place in a private room at the school. This meeting will take about 30 minutes.

⇒ I will arrange all of the meetings together with your child, for when it suits him/her best.

- ⇒ Your child taking part in this research will mean meeting at 3 separate times, with a total time of about 4 hours.

If your child volunteers to participate in this study, we would ask you, the parent or guardian to:

- Agree to be contacted by me, the researcher, either telephonically or by email.
- Attend a meeting at the school so that I can explain details of the research study to you in person and answer any questions you may have.

3. POTENTIAL RISKS AND DISCOMFORTS

Talking about the experience of a difficult event could be difficult for your child or make him/her upset. Your child will not be forced to talk about anything he/she does not want to talk about and your child will be able to stop at any point. If your child finds taking part in the study upsetting in any way, I will organise for your child to see the district school educational psychologist of the WCED for counselling.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By taking part in this research study, your child could benefit by making sense of and understanding his/her experience of a difficult event better. The various activities used during the study could benefit your child by helping him/her learn to express him/herself and think deeply about who he/she is as a person.

By participating in this research study, your child would help add to the knowledge and understanding of children and adolescents who experience stressful events in South Africa. From this, other children and adolescents who have experienced a difficult event could benefit.

5. PAYMENT FOR PARTICIPATION

No payment or prize will be given to your child for participating in this research study.

6. CONFIDENTIALITY

This section is about making sure that the things your child shares with me in this study can't be traced back to his/her name or face (basically, your child's identity). This means that all the information your child gives to me during this study will not be linked to his/her identity (unless your child wants to share his/her name or the law requires it). Everything your child shares in this study will be private.

This will be done by:

- Giving your child and the school a pseudonym (a false name) when working with data and presenting the findings of the study (in the thesis or a publication of the study). For

example, if your child's name is David in real life, he will be given a different name like Peter.

- Storing all electronic information on a password-protected computer that only I will have access to.
- Locking away all transcribed data and observation notes (physical documents) in a cabinet only accessible by the researcher. This means that only my supervisor and I will have access to any information that I record or write down.
- Keeping hard copies of the data in a safe place for 5 years, after that they will be destroyed.
- I will make audio-visual recordings of what your child shares during the study. Your child will be allowed to view them or change anything he/she has said, if he/she would like to. Only my supervisor and I will be allowed to view to these recordings. They will be deleted as soon as I take notes of them.
- I will never share the information your child gives in this research study with his/her teachers or principal so that his/her identity is exposed.

7. PARTICIPATION AND WITHDRAWAL

Your child can choose whether to be in this study or not. If your child says he/she would like to be in this study, but he/she doesn't feel like it at a later stage, your child can leave the study without feeling bad. Your child can also say if he/she doesn't want to answer some questions and he/she will still stay in the study. If something happens that makes me feel it is better for your child not to take part in the study, I will explain why so that you both understand.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research study, please feel free to contact either:

Me, the principal researcher:	Katherine Trangoš 084 718 1849 katy.trangos@gmail.com
My research supervisor:	Mrs M.D Perold 082 358 9182 mdperold@sun.ac.za

Both my supervisor and I can be contacted anytime, including after hours, in case of emergencies.

9. RIGHTS OF RESEARCH PARTICIPANTS

The participant may withdraw his/her consent at any time and discontinue participation without penalty or any circumstances. The participant is not waiving any legal claims, rights or remedies because of participation in this research study. If you have questions regarding the rights of a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development at Stellenbosch University.

10. SUPPORT FOR DIFFICULT EXPERIENCES

Many people in South Africa experience difficult events on a daily basis. It is important to know that there is support out there for you or your child. Here is a list of places that your child, or someone you know, can phone for professional help at any time:

The Trauma Clinic

24Hour Emergency
Helpline:
084 944 9444
or
021 392 4147

The Tygerbear Foundation for Traumatized Children & Families

24Hour Emergency Helpline:
082 994 4301

The Trauma Centre

Appointments for trauma counselling
can be made telephonically or via email:
021 465 7373 (Office line)
082 444 4191 (Emergency Line)
info@trauma.org.za

SIGNATURE OF PARENT / GUARDIAN

By signing below you are agreeing that:

The information on this form was explained to me by Katherine Trangoš. It was explained in English, which I understand or it was translated to me. I was given the opportunity to ask questions and these questions were answered so that I understood. I hereby consent and give permission for my child to take part in this study. I have been given a copy of this form.

Name of Participant:

Name of Parent / Guardian:

Contact number of Parent / Guardian:

Email Address of Parent / Guardian:

Signature of Parent / Guardian

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the parent/guardian*]. [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used / this conversation was translated into* _____ by _____].

Signature of Investigator

Date

Appendix J: Assent Form (Afrikaans version)



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
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STELLENBOSCH UNIVERSITEIT INSTEMMING OM DEEL TE NEEM AAN NAVORSING

Exploring Drawing as a Tool for Externalisation and Re-Authoring Conversations with Children who have Experienced Trauma 'n Ondersoek na die gebruik van tekeninge in eksternalisering- en her-skryf-gesprekke met kinders wat trauma beleef het.

Hi daar! Jy word uitgenooi om deel te neem aan 'n navorsingstudie deur Katherine Trangoš, van die Departement Opvoedkundige Sielkunde by Stellenbosch Universiteit. Jy word uitgenooi omdat jy tussen 13 en 18 jaar oud is en omdat jy 'n moeilike ervaring beleef het.



Hierdie navorsingsprojek is deel van my meestersgraad studies. Mev M.D. Perold is my studieleier vir die navorsingsprojek.

1. DOEL VAN DIE STUDIE

Ek beoog om deur hierdie studie insig te verkry in die gebruik van tekeninge binne 'n narratiewe terapeutiese benadering vir kinders wat aan 'n stress-volle gebeurtenis blootgestel was. Dit beteken dat in die studie sal gekyk word of tekeninge en 'n spesifieke manier van praat jongmense wat deur 'n moeilike ervaring is kan help. Die doel van die studie is om meer kennis te verkry rondom kinders en adolessente se belewing van trauma in Suid-Afrika.

2. PROSEDURES

Indien jy aandui dat jy sal wil deelneem aan die studie, sal ek graag van jou vra om die volgende dinge te doen:



- Dat jy 'n groepsvergadering saam met al die ander leerders wat ook gaan deelneem, sal bywoon. In hierdie vergadering sal jy vir my, die navorser, leer ken en kans hê om vir my vrae te vra. Jy sal ook gevra word om 'n vraelys oor die moeilike ervaring in te vul. Hierdie vergadering sal so 'n uur en 'n half neem en sal in 'n private vertrek by die skool gebeur.
 - Dat ek en jy alleen bymekaarkom sodat ek 'n onderhoud met jou kan voer oor jou ervaring van die moeilike gebeurtenis. Tydens hierdie onderhoud sal jy ook gevra word om twee tekeninge te maak. Hierdie onderhoud sal ook in 'n private vertrek by die skool gebeur. Die ontmoeting sal so 2 ure neem.
 - Hierna sal ek graag weer met jou wil ontmoet om 'n paar vrae te vra. Hierdie sal vrae wees oor hoe jy voel oor die proses van die vorige onderhoud. Dit sal ook in 'n private vertrek by die skool geskied. Hierdie gesprek sal so 30 minute wees.
- ⇒ Ek sal al die reëlins tref ten opsigte van hierdie ontmoetings, vir tye wanneer dit jou die beste sal pas.
- ⇒ Om dus deel te neem aan hierdie navorsing, sal dit nodig wees om 3 keer op verskillende tye bymekaar te kom, altesaam vir so 4 ure.

3. POTENSIËLE RISIKO'S EN ONGEMAK

Om te praat oor 'n ervaring wat moeilik was vir jou, kan moeilik wees en jou ontstel. Jy sal nie onder enige verpligting wees om oor iets te praat waaroor jy nie wil praat nie, en jy sal op enige tydstip die gesprek kan stop, indien jy sou wou. As jou deelname aan die navorsing jou baie ontstel, sal ek reël dat die opvoedkundige sielkundige van die distrikskantoor van die WKOD vir jou berading kan bied.

4. POTENSIËLE VOORDELE VIR DEELNEMERS EN/OF DIE SAMELEWING

Deur deel te neem aan die navorsingstudies kan daar voordele vir jou wees deurdat jy betekenis kan heg aan die moeilike gebeurtenis en die ervaring dalk beter kan verstaan. Die verskillende aktiwiteite wat gedurende die studie gebruik gaan word, kan voordelig wees deurdat dit jou kan leer om jouself beter uit te druk en dieper oor jouself as 'n mens te dink.

Deur deel te neem aan die navorsingstudie, sal jy ook bydra tot meer kennis van kinder- en adolessente trauma in Suid-Afrika. Ander kinders wat trauma beleef kan sal dus daarby kan baat.

5. BETALING VIR DEELNAME

Jy sal nie betaal word vir deelname aan die studie of in aanmerking kom vir 'n prys nie.

6. KONFIDENSIALITEIT

Hierdie gedeelte handel daaroor om seker te maak dat die dinge wat jy met my deel gedurende die studie nie met jou as persoon, jou naam of gesig, in verband gebring kan word nie. Dit beteken dat al die inligting wat jy vir my gee gedurende die studie nie aan jou identiteit gekoppel kan word.

nie, tensy jy wil hê dit moet bekend gemaak word, of tensy die wet vereis dat dit bekend gemaak word. Dit wat jy deel sal dus privaat bly.

Dit sal op die volgende wyse gebeur:

- Daar sal skuilname ('n vals naam) aan jou en jou skool gegee word wanneer met die data gewerk word, en wanneer daar verslag daaroor gedoen word (in 'n tesis of publikasie). Byvoorbeeld, as jou naam David is in die regte lewe, sal ek vir jou 'n ander naam, soos byvoorbeeld Peter, gee wanneer ek die werk opskryf of aanbied.
- Al die elektroniese inligting sal gebêre word op 'n rekenaar wat deur 'n wagwoord beskerm word, en waartoe net ek sal toegang hê.
- Al die data wat getranskribeer is, alle notas en waarnemings notas (fisiese dokumente) sal toegesluit word in 'n kabinet waartoe net ek as navorser toegang het. Dit beteken dat slegs ek en my studieleier toegang sal hê tot enigiets wat ek neerskryf gedurende die proses.
- Sodanige harde kopieë sal in 'n veilige plek bewaar word vir 5 jaar, waarna dit vernietig sal word.
- Ek beplan om audio-visuele opnames te maak van ons gesprekke gedurende die studie. Jy mag daarna kyk en enigiets wat jy gesê het verander, indien jy sou wou. Slegs ek en my studieleier sal hierna kyk. Dit sal uitgevee word sodra ek notas daaroor geskryf het.
- Ek sal nie inligting wat jy aan my gee gedurende die studie, deel met onderwysers of jou skoolhoof nie, jou identiteit word dus nie blootgestel nie.

7. DEELNAME EN ONTTREKKING

Jy kan kies of jy deel van hierdie studie wil wees of nie. Indien jy besluit om deel te neem, en daarna wil jy nie meer nie, kan jy onttrek uit die studie sonder dat jy hoof sleg te voel daaroor. Jy kan ook sê wanneer jy nie sekere vrae wil beantwoord nie (dis doodreg as jy nie wil nie), en steeds deel van die studie bly. As iets gebeur wat vir my laat voel asof dit beter sal wees vir jou om nie meer verder deel van die studie te wees nie, sal ek dit verduidelik sodat jy dit ook verstaan.

8. IDENTIFIKASIE VAN NAVORSERS

Indien jy enige vrae of bekommernisse het oor die navorsingstudies, kontak asseblief enige van die volgende:

Ek, die hoofnavorse:	Katherine Trangoš 084 718 1849 katy.trangos@gmail.com
My studieleier:	Mev. M.D Perold 082 358 9182 mdperold@sun.ac.za

Beide ek en my studieleier kan enige tyd gekontak word, ook na-ure in 'n noodgeval.

9. REGTE VAN DEELNEMERS AAN NAVORSING

Jy mag jou toestemming enige tyd onttrek en jou deelname kanselleer sonder enige negatiewe gevolge of omstandighede. Jy verbeur nie enige regs aansprake, regte of herstel as gevolg van jou deelname aan die navorsing nie. Dit beteken jy kan jou deelname op enige stadium stop, sonder dat jy hoef te verduidelik of sleg te voel daaroor. As jy vrae het oor jou regte as 'n deelnemer aan navorsing, kan jy skakel met me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling vir Navorsingsontwikkeling by Stellenbosch Universiteit.

10. ONDERSTEUNING VIR MOEILIKE ERVARINGS

Baie mense in Suid-Afrika ervaar moeilike gebeurtenisse op 'n daaglikse basis. Dit is belangrik om te weet dat daar is ondersteun wat daar is vir jou. Hier is 'n lys van plekke wat jy, of iemand wat jy ken, kan bel vir professionele hulp enige tyd:

Die Trauma Clinic

24 uur nood hulplyn:
084 944 9444
of
021 392 4147

Die TygerBeer Stigting vir Getraumatiseerde Kinders en Gesinne

24 uur nood hulplyn:
082 994 4301

Die Traumasentrum

Aanstellings vir traumaberading kan telefonies
of per e-pos gedoen word:
021 465 7373 (kantoor lyn)
082 444 4191 (noodlyn)

HANDTEKENING VAN NAVORSINGSDEELNEMER

Deur hieronder te teken, stem jy saam dat:

Die inligting in hierdie vorm is aan my verduidelik deur Katherine Trangoš. Dit is verduidelik in Engels, wat ek verstaan of wat aan my getolk is. Ek is die geleentheid gegee om vrae te vra en hierdie vrae is beantwoord sodat ek dit kon verstaan. Ek neem vrywilliglik deel aan hierdie studie. Ek het 'n afskrif van hierdie vorm ontvang.

Naam van deelnemer

Handtekening van deelnemer

Datum

HANDTEKENING VAN NAVORSER

Ek verklaar dat ek die inligting in hierdie dokument aan _____ [*naam van deelnemer*] verduidelik het. [*Hy/sy*] is aangemoedig en tyd gegee om my enige vrae te vra. Die gesprek is in Engels gevoer en daar was 'n tolk (_____) teenwoordig om die inligting na Afrikaans te vertaal.

Handtekening van navorser

Datum

Appendix K: Consent Form (Afrikaans version)



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jou kennisvenoot • your knowledge partner

STELLENBOSCH UNIVERSITEIT TOESTEMMING OM DEEL TE NEEM AAN NAVORSING

Exploring Drawing as a Tool for Externalisation and Re-Authoring Conversations with Children who have Experienced Trauma 'n Ondersoek na die gebruik van tekeninge in eksternalisering- en her-skryf-gesprekke met kinders wat trauma beleef het.

BESTE OUERS EN VOOGDE

U kind is uitgenooi om vrywilliglik deel te neem aan 'n navorsingstudie wat deur Katherine Trangoš, onder mev M.D. Perold van die Departement Opvoedkundige Sielkunde by die Stellenbosch Universiteit, se studieleiding. Die bevindinge van die navorsing vorm deel van die tesis vir my Meestersgraad in Opvoedkundige Sielkunde. U kind is gekies as moontlike deelnemer omdat hy/sy tussen die ouderdomme van 13 en 18 is, en vantevore 'n moeilike gebeurtenis ervaar het.



1. DOEL VAN DIE STUDIE

Ek beoog om deur hierdie studie insig te verkry in die gebruik van tekeninge binne 'n narratiewe terapeutiese benadering vir kinders wat aan 'n stress-volle gebeurtenis blootgestel was. Dit beteken dat in die studie sal gekyk word of tekeninge en 'n spesifieke manier van praat jongmense wat deur 'n moeilike ervaring is kan help. Die doel van die studie is om meer kennis te verkry rondom kinders en adolessente se belewing van trauma in Suid-Afrika.

2. PROSEDURES

Indien u kind vrywilliglik aandui dat hy/sy sal wil deelneem aan die studie, sal ek graag van hom/haar vra om die volgende dinge te doen:

- Om 'n groepsvergadering saam met al die ander leerders wat ook gaan deelneem, by te woon. In hierdie vergadering sal hy/sy vir my, die navorser, leer ken en kans hê om vir my vrae te vra. Jy sal ook gevra word om 'n vraelys oor die moeilike ervaring in te vul. Hierdie vergadering sal so 'n uur en 'n half neem en sal in 'n private vertrek by die skool gebeur.
- Dat ek en u kind alleen bymekaarkom sodat ek 'n onderhoud met hom/haar kan voer oor sy/haar ervaring van die moeilike gebeurtenis. Tydens hierdie onderhoud sal u kind ook

- gevra word om twee tekeninge te maak. Hierdie onderhoud sal ook in 'n private vertrek by die skool gebeur. Die ontmoeting sal so 2 ure neem.
- Hierna sal ek graag weer met hom/haar wil ontmoet om 'n paar vrae te vra. Hierdie sal vrae wees oor hoe hy/sy voel oor die proses van die vorige onderhoud. Dit sal ook in 'n private vertrek by die skool geskied. Hierdie gesprek sal so 30 minute wees.
- ⇒ Ek sal al die reëlins tref ten opsigte van hierdie ontmoetings, vir tye wanneer dit u kind die beste sal pas.
- ⇒ Om dus deel te neem aan hierdie navorsing, sal dit nodig wees om 3 keer op verskillende tye bymekaar te kom, altesaam vir so 4 ure.

3. POTENSIËLE RISIKOS EN ONGEMAK

Om te praat oor 'n ervaring wat moeilik was vir u kind, kan moeilik wees en hom/haar ontstel. Hy/sy sal nie onder enige verpligting wees om oor iets te praat waaroor hy/sy nie wil praat nie, en hy/sy sal op enige tydstip die gesprek kan stop, indien hy/sy sou wou. As sy/haar deelname aan die navorsing hom/haar baie ontstel, sal ek reël dat die opvoedkundige sielkundige van die distrikskantoor van die WKOD vir hom/haar berading kan bied.

4. POTENSIËLE VOORDELE VIR DEELNEMERS EN/OF DIE SAMELEWING

Deur deel te neem aan die navorsingstudies kan daar voordele vir u kind wees deurdat hy/sy betekenis kan heg aan die moeilike gebeurtenis en die ervaring dalk beter kan verstaan. Die verskillende aktiwiteite wat gedurende die studie gebruik gaan word, kan voordelig wees deurdat dit u kind kan leer om hom/haarself beter uit te druk en dieper oor hom/haarself as 'n mens te dink.

Deur deel te neem aan die navorsingstudie, sal hy/sy ook bydra tot meer kennis van kinder- en adolessente trauma in Suid-Afrika. Ander kinders wat trauma beleef kan sal dus daarby kan baat.

5. BETALING VIR DEELNAME

U kind sal nie betaal word vir deelname aan die studie of in aanmerking kom vir 'n prys nie.

6. KONFIDENSIALITEIT

Hierdie gedeelte handel daarvoor om seker te maak dat die dinge wat u kind met my deel gedurende die studie nie met hom of haar as persoon, sy/haar naam of gesig, in verband gebring kan word nie. Dit beteken dat al die inligting wat hy/sy vir my gee gedurende die studie nie aan sy/haar identiteit gekoppel kan word nie, tensy hy/sy wil hê dit moet bekend gemaak word, of tensy die wet vereis dat dit bekend gemaak word. Dit wat hy/sy deel sal dus privaat bly.

Dit sal op die volgende wyse gebeur:

- Daar sal skuilname ('n vals naam) aan hom/haar en sy/haar skool gegee word wanneer met die data gewerk word, en wanneer daar verslag daarvoor gedoen word (in 'n tesis of publikasie). Byvoorbeeld, as jou kind se naam David is in die regte lewe, sal ek vir hom 'n ander naam, soos byvoorbeeld Peter, gee wanneer ek die werk opskryf of aanbied.

- Al die elektroniese inligting sal gebêre word op 'n rekenaar wat deur 'n wagwoord beskerm word, en waartoe net ek sal toegang hê.
- Al die data wat getranskribeer is, alle notas en waarnemings notas (fisiese dokumente) sal toegesluit word in 'n kabinet waartoe net ek as navorser toegang het. Dit beteken dat slegs ek en my studieleier toegang sal hê tot enigiets wat ek neerskryf gedurende die proses.
- Sodanige harde kopieë sal in 'n veilige plek bewaar word vir 5 jaar, waarna dit vernietig sal word.
- Ek beplan om audio-visuele opnames te maak van ons gesprekke gedurende die studie. U kind mag daarna kyk en enigiets wat hy/sy gesê het verander, indien hy/sy sou wou. Slegs ek en my studieleier sal hierna kyk. Dit sal uitgegee word sodra ek notas daarvoor geskryf het.
- Ek sal nie inligting wat hy/sy aan my gee gedurende die studie, deel met onderwysers of sy/haar skoolhoof nie, sy/haar identiteit word dus nie blootgestel nie.

7. DEELNAME EN ONTTREKKING

U kind kan kies of hy/sy deel van hierdie studie wil wees of nie. Indien u besluit hy/sy kan deel neem, en daarna wil u nie meer nie, kan u kind onttrek uit die studie sonder dat hy/sy hoof sleg te voel daarvoor. Hy/sy kan ook sê wanneer hy/sy nie sekere vrae wil beantwoord nie (dis doodreg as hy/sy nie wil nie), en steeds deel van die studie bly. As iets gebeur wat vir my laat voel asof dit beter sal wees vir jou kind om nie meer verder deel van die studie te wees nie, sal ek dit verduidelik sodat hy/sy dit ook verstaan.

8. IDENTIFIKASIE VAN NAVORSERS

Indien u enige vrae of bekommernisse het oor die navorsingstudies, kontak asseblief enige van die volgende:

Ek, die hoofnavorser:	Katherine Trangoš 084 718 1849 katy.trangos@gmail.com
My studieleier:	Mev. M.D Perold 082 358 9182 mdperold@sun.ac.za

Beide ek en my studieleier kan enige tyd gekontak word, ook na-ure in 'n noodgeval.

9. REGTE VAN DEELNEMERS AAN NAVORSING

U mag u toestemming enige tyd onttrek en u kind se deelname kanselleer sonder enige negatiewe gevolge of omstandighede. U verbeur nie enige regs aansprake, regte of herstel as gevolg van u kind se deelname aan die navorsing nie. Dit beteken u kan u kind se deelname op enige stadium stop, sonder dat u hoof te verduidelik of sleg te voel daarvoor. As u vrae het oor u en u kind se regte as 'n deelnemer aan navorsing, kan u skakel met me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling vir Navorsingsontwikkeling by Stellenbosch Universiteit.

10. ONDERSTEUNING VIR MOEILIKE ERVARINGS

Baie mense in Suid-Afrika ervaar moeilike gebeurtenisse op 'n daaglikse basis. Dit is belangrik om te weet dat daar is ondersteun wat daar is vir jou. Hier is 'n lys van plekke wat u kind, of iemand wat jy ken, kan bel vir professionele hulp enige tyd:

Die Trauma Clinic

24 uur nood hulplyn:
084 944 9444
of
021 392 4147

Die TygerBeer Stigting vir Getraumatiseerde Kinders en Gesinne

24 uur nood hulplyn:
082 994 4301

Die Traumasentrum

Aanstellings vir traumaberading kan telefonies
of per e-pos gedoen word:
021 465 7373 (kantoor lyn)
082 444 4191 (noodlyn)

HANDTEKENING VAN OUER / VOOG

Deur hieronder te teken, stem u saam dat:

Die inligting in hierdie vorm is aan my verduidelik deur Katherine Trangoš. Dit is verduidelik in Engels, wat ek verstaan of wat aan my getolk is in Afrikaans. Ek is die geleentheid gegee om vrae te vra en hierdie vrae is beantwoord sodat ek dit kon verstaan. Ek gee toestemming dat my kind (.....) vrywilliglik kan deelneem aan hierdie studie. Ek het 'n afskrif van hierdie vorm ontvang.

Naam van ouer/voog van deelnemer

Naam van deelnemer

Handtekening van ouer/voog

Datum

HANDTEKENING VAN NAVORSER

Ek verklaar dat ek die inligting in hierdie dokument aan _____ [naam van ouer/voog van deelnemer] verduidelik het. [Hy/sy] is aangemoedig en tyd gegee om my enige vrae te vra. Die gesprek is in Engels gevoer en daar was 'n tolk (_____) teenwoordig om die inligting na Afrikaans te vertaal.

Handtekening van navorser

Datum

Appendix L: Information on PTSD for Teachers

What Teachers Need To Know About Posttraumatic Stress Disorder (PTSD):

1. Being on the look-out for signs and symptoms of PTSD in adolescents

These signs and symptoms could indicate that a learner is struggling with trauma and at risk for developing PTSD. The signs and symptoms should have developed *after* experiencing, witnessing or hearing about a traumatic event and should last *over* a month.

- Abnormal eating patterns, loss of appetite or weight loss
- Complaints about physical ailments that do not seem to be present
- Easily startled or jumpy, seems to be always “on guard”
- Visible signs of a lack of sleep (e.g. dark circles under eyes, constantly falling asleep in class)
- Flashbacks to the traumatic event (intense memories)
- Problems with attention and the inability to concentrate
- Increase in anxious, impulsive, hyperactive, and aggressive behaviors or unusually disruptive
- School difficulties or a sudden decline in classroom participation or grades
- Shows and/or verbally expresses fear when separated from family members
- Sudden refusal to go certain places
- Recent problems with relationships
- Tendency to isolate self; abnormally quiet around friends, family and teachers
- Hopelessness, visible signs of distress (e.g. crying for no reason)
- Guilt, mentions how she/he could have changed what happened
- Shows and/or explains a lack of feeling, being emotionally numb

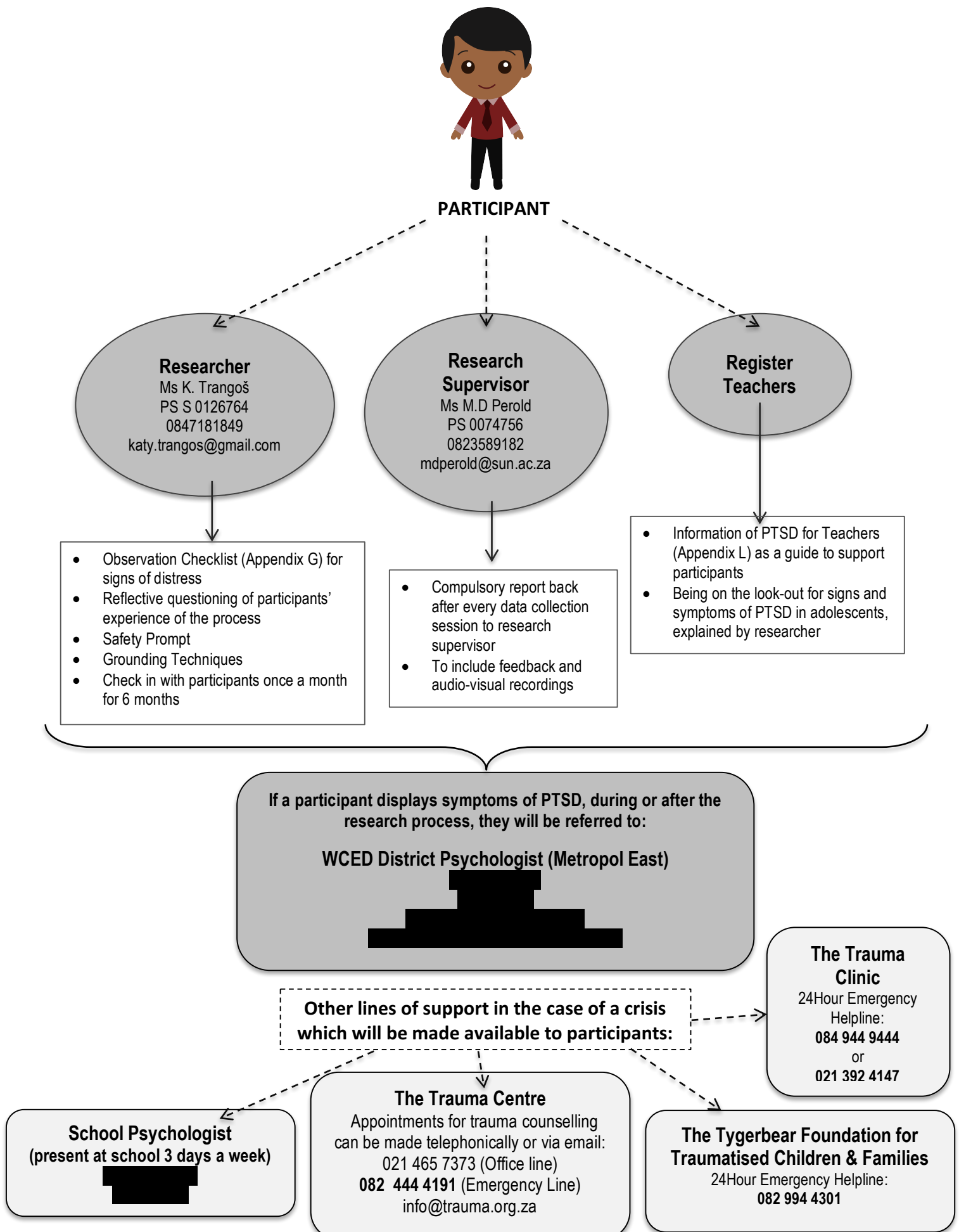
2. Adolescents with PTSD often display symptoms of other psychological problems:

- (a) major depression, suicidal thoughts or attempts,
- (b) substance abuse,
- (c) anxiety disorders (e.g. separation anxiety, panic disorder, generalized anxiety disorder),
- (d) attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder

3. Practical recommendations for teachers dealing with learners who are struggling with the effects of trauma:

- **Refer learner to the school psychologist or WCED educational psychologist.** If you suspect that a learner is struggling with the effects of trauma, it is always best to immediately refer the learner to a professional who is trained to best assist the learner to recovery. The matter shouldn't be taken in your own hands.
- **Keep an open dialogue** between school and home about the progress of the learner.
- **Keep a consistent sense of safety between family and school.** Let adolescents struggling with the effects of trauma know that their lives are safe and that you are there to help and protect them.
- **Shield learners from graphic details, pictures in the media or conversations relating to traumatic events.** Remain sensitive to the needs of the learner.
- **Be aware that learners struggling with the effects of trauma can show behavioural problems and may struggle concentrating.** These actions shouldn't be punished, but should be approached with an open and understanding dialogue.

Appendix M: Chain of Support



Appendix N: REC Approval to Conduct Research



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Approval Notice

Stipulated documents/requirements

20-Apr-2016

Trangos, Katherine KM

Proposal #: HSI183/2015

Title: **Exploring drawing as a tool for externalisation and re-authoring conversations with children who have experienced trauma**

Dear Miss Katherine Trangos,

Your Stipulated documents/requirements received on 15-Mar-2016, was reviewed and ~~accepted~~.

Please note the following information about your approved research proposal:

Proposal Approval Period: 11-Dec-2015 - 10-Dec-2016

General comments:

Please take note of the general Investigator Responsibilities attached to this letter.

If the research deviates significantly from the undertaking that was made in the original application for research ethics clearance to the REC and/or alters the risk/benefit profile of the study, the researcher must undertake to notify the REC of these changes.

Please remember to use your proposal number (HSI183/2015) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2015 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Sincerely,

Clarissa Graham
REC Coordinator

Research Ethics Committee: Human Research (Humanities)

Appendix O: Principal's Permission to Conduct Research

17 April 2015

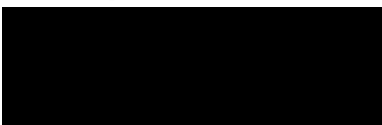
Ms Katy Trangos
University of Stellenbosch

Dear Ms Trangos

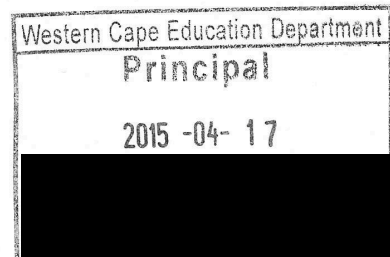
PERMISSION TO CONDUCT RESEARCH AT OUR SCHOOL

I hereby give permission to conduct your research with learners, as it will also benefit them. This is done on condition that all prescribed requirements are adhered to.

In the quest for quality education



PRINCIPAL



Appendix P: WCED Permission to Conduct Research



Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20160224-8115

ENQUIRIES: Dr A T Wyngaard

Ms Katherine Trangoš
211 Mutual Heights
14 Darling Street
Cape Town
8001

Dear Ms Katherine Trangoš

RESEARCH PROPOSAL: EXPLORING DRAWING AS A TOOL FOR EXTERNALISATION AND RE-AUTHORING CONVERSATIONS WITH CHILDREN WHO HAVE EXPERIENCED TRAUMA

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **18 January 2016 till 24 June 2016**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 25 February 2016

Appendix Q: Meaning Unit Tables – Externalisation Themes

Externalising Conversations - Immediate Responses	
Participant	Meaning Unit
Storm	I didn't know what was going on, I didn't wanna... I just closed my eyes and went like this (covers face with hands). Laid there on the car floor, put my head down, took my brother like this and put him under me.
Kirsty	I, I manage, but then one moment I think my mommy's not there, my mommy's not there.
Kirsty	I wasn't crying, I was just shaking. I was shaking and then after a while I.. I didn't believe at first but then I... after it came to me, I just burst into tears.
Kyle	...it's not that I don't like blood, blood to me is like a normal thing, but when it's my blood, I start freaking out.
Gen	Ah the time.. was really like blank.. I can't remember what I was thinking, I was just watching this guy die.
Gen	I was in shock, I didn't know what to do. I never saw so much blood in my life.
Michelle	...my aunty went to work and I needed to go look after her, and that just made me feel like... how do I say?... this can't be happening. It feels like she's gonna die tomorrow.
Michelle	...it just comes to me that she is not there anymore.

Externalising Conversations - Emotional Responses: Guilt	
Participant	Meaning Unit
Kirsty	Um, all this stuff.. before she passed on, we had a huge argument and we didn't speak for like two weeks and the week after that she passed on. So I didn't have the chance to apologise and stuff.
Kyle	I inflicted more.. say pain.. or damage to the person who did it to me.
Kyle	But, to everyone else it seemed like I was robbing him, so I kind of left the phone as well and I just ran.
Kyle	...maybe the most textbook version of that is every time I saw a knife, I thought back.. but not about what he did, about what I did.
Kyle	I felt like I didn't need to do that, but I wanted to.

Michelle	I feel like it's my fault that she died that night because I still went to go buy her a packet of cigarettes... and I shouldn't have. Because my aunt warned me, she said don't buy your gran cigarettes.
Michelle	But the morning, at 2 o'clock my father woke us up... and I feel, I felt a lot of guilt.

Externalising Conversations - Emotional Responses: Sadness	
Participant	Meaning Unit
Storm	...there was difficult times when I had to do stuff that me and my father usually do together and I can't.. And I just burst out and cry.
Gen	I was always sad. I am.. always sad. But I like, try.
Gen	I was just watching this guy die. And I felt sad.
Gen	Ah, I have a very close circle of friends and then they.. I dunno. But if I'm sad then.. it's quiet.
Gen	...but I feel like if I let it affect me and others see it then they wont..like.. be my friend. Because no one wants to be around someone that's sad.
Michelle	...seeing them around there just made me more sad.

Externalising Conversations - Emotional Responses: Anger	
Participant	Meaning Unit
Kyle	...but when I got angry, I didn't care what happened.. I just wanted to kill him.
Gen	I broke a couple doors (giggles)
Gen	I scream – if I'm alone. I shout into like a pillow.
Michelle	I get angry quite a lot, especially at the educators, like yesterday

Externalising Conversations - Difficulties with Opening Up / Trust	
Participant	Meaning Unit
Kirsty	KT: Okay, have you been able to talk to anyone else? Kirsty: (shakes head)
Gen	But now, as I say, I don't trust anyone really. I trust people, but not like fully trust people, even the good people. Ja, I just like, stay in my bubble.
Gen	I realised that.. people actually don't wanna hear about your problems, so I kept it in and it made me sick in the beginning of the year. I had to go to the doctor.. it was my stomach. She said that I mustn't keep it in, I must let it out.

Michelle	But nowadays I feel like I can't speak to anyone, I push everyone away from me. And sometimes I still do that.. it also makes me feel bad because they're trying to help me and I'm just pushing them away and maybe one day I need their help and then they wouldn't give me help.
----------	---

Externalising Conversations - Being Subject to Verbal Abuse / Bullying	
Participant	Meaning Unit
Storm	It was difficult growing up, I was just 6, 7 years old. Everyone mocked me because I didn't have a dad anymore and they still had a dad.
Kirsty	Because I'm big.
Kyle	...they kind of make fun of me in a way, you know, 'how can you kill a guy, you can't kill a guy, you wouldn't fight back', but then I did.
Kyle	Cos when they're saying, I wouldn't fight back, they make me feel weak. They make me seem like I'm lesser. And I don't like it when people talk down to me.
Gen	...my brother used to insult me a lot, especially in front of his friends.. so I used to feel bad about myself and it led to me like um.. wanting to commit suicide.
Michelle	Like my class, for example, like to push me down because I get more marks – in maths especially – most of my teachers like me, my grade heads like me. It's almost like they're jealous.

Externalising Conversations - Nobody Did Anything to Help	
Participant	Meaning Unit
Storm	And my mom was like crying and there was a group of people around us, no one tried to help.
Storm	No my mommy was trying to ask people to help, she was like running in a circle.
Kyle	I actually passed a few people, but people just walked away from me..
Kyle	...there was this one guy who pulled his car out from his house and I told him, 'if there's a guy who walks with blue jeans and a red hoodie', because that's the only thing I could remember, 'call the police and tell them how this guy looks' because I couldn't remember. And then he said.. 'ah, I'm sorry that you got mugged' and then just carried on.
Kyle	A woman and her child was walking passed and she had groceries in her hands. But when she saw me, she dropped the groceries and picked up her child and ran away.

Gen	Honestly and just everyone, even his family, were just standing around and like crying, and just watching him. So someone called the ambulance but they took looong to come. And then even when they were there, they still did nothing. He was just lying there. And they were like checking stuff, but they took long. We still went inside and every time we would check they would still be there, he would be still still laying in the street
Gen	Everyone just stood around and watched him, no one helped him, and he died.
Gen	Because I thought if you in trouble and stuff then people will help you, especially your family. But now I see that his family didn't help him. Even just to like sit with him, while he was just lying there. And everyone was just watching him. And even my family... aren't around anymore, it's just people... I don't know.
Gen	And we just stood there, and we watched him and we were all waiting for the ambulance to show, even they were doing nothing.
Gen	If that happened to me, would anyone like help me? Or would I also just lay there and die?
Gen	Because after this, this thinking that nobody actually cares really..

Externalising Conversations - Fear of the Outside	
Participant	Meaning Unit
Kyle	I have to walk to places that I'm not comfortable with. And I'm constantly on guard for anyone that's around me.
Kirsty	I just um, I was just in her room. I didn't come out or anything.
Kyle	...how easy it is to take a life.
Kyle	I didn't go out a lot, not for two weeks I don't think.
Kyle	I have some friends that live so far but I don't mind walking to them.. but after this event happened I felt like.. I kind of always feel like I'm on two sides – should I stay or should I go? I don't wanna be confronted like that again..
Kyle	it used to affect me, I didn't do most of the stuff that I used to like doing.. but that kind of changed in a way.
Kyle	If you are alone.. or if you're like jumpy..
Kyle	...that was a knife and it was one guy, nowadays people fight in groups and rob in groups, so I don't know. If it was like two people, I would probably fight back, but if it was more, I probably would've just given up because I know I wouldn't have survived.
Gen	I don't like going outside. Firstly just.. now I know that there's something outside that can hurt me.

Gen	I just don't feel safe.
Gen	But like as time went on, then I stopped going outside, and I stopped doing things.
Gen	If I don't go outside, then I don't think about it. But it happened on the street corner where I live.. so.
Gen	Like when I don't feel safe and when I walk outside, I feel like everyone is watching me. And when they're near me I'm scared they'll hurt me.
Michelle	Sometimes there will be strangers, but most of them are always... there are security guards walking around so it makes me feel secure and they can't do nothing to me.

Externalising Conversations - Nature of the Community	
Participant	Meaning Unit
Storm	The one person phoned the ambulance. And they never came.
Storm	This group of people standing around, I didn't even know what happened, I just heard his scream and I immediately.. I didn't know what to do so I just picked two bricks and I said if he don't stand away from him right now, I'm gonna start throwing. And then my cousin said he's gonna do the same and so both ran away. We took my brother. We didn't fight them but they hurt me, they kicked me through my face and all that. But I picked up my brother and got him out.
Kyle	But it was so nonchalant, like he almost acted like we were friends in a way, to make all the witnesses think that there's nothing going on.
Kyle	The fact is, a mugger doesn't care what your problems are, if he wants something from you, he will take it every time.
Kyle	it's just that for previous events that happened that we were like confronted by the police, I kind of don't trust them.. so I didn't really want to go to the police because I felt like they wouldn't really catch the guy... or, in a way.. they would come back to me saying this guy has marks on him and I'm assuming you did it to him and now I should be jailed as well.
Kyle	KT: By scum, what do you mean? Kyle: Honestly, it's just gangsters; corrupted cops and corrupted politicians.
Kyle	They're just making life hard for most people.
Kyle	'Welcome to the Jungle'
Gen	The only food we had, because it was far from pay-day and stuff, were apples.
Gen	So someone called the ambulance but they took looong to come.
Gen	And now there's just bad things, like they broke in.
Gen	There where I live they don't.. I can't really explain it.. No one really trusts each other there where I live. It's like.. there's gangsterism (whispers) there.

Gen	...my best friend. Her family... ah... she.. comes from an abusive family, her father is an alcoholic and he abuses the family.
Gen	...last week Wednesday, she went, she stayed at home from school cos she felt like she was gonna get a panic attack.. so, I thought no, she's gonna be fine and then I came home and she still wasn't online and she still wasn't, this whole passed week. And she's not in school.. and I'm worried about her (teary eyed).

Appendix R: Meaning Unit Tables – Re-authoring Themes

Re-Authoring Conversations - Values: Self & Life	
Participant	Meaning Unit
Kyle	I just kind of didn't wanna die so I just tried to fight.
Kyle	This scar.. at the moment I felt like it's gonna be like really ugly, but after a while it just kind of showed me that it's just a mark to make me realise that I can at least live another day.
Kyle	You just shouldn't take it (life) for granted.
Kyle	I thought that after it happened.. well I'm alive now...
Gen	KT: Okay, and when you feel unsafe.. what do you think you're trying to take care of or protect? Gen: Myself

Re-Authoring Conversations - Values: Family	
Participant	Meaning Unit
Storm	I was trying to take care of my brother.
Storm	Especially my dad.
Storm	Not my friends, because the friends that I have don't know about my father. Just my cousin. He's my cousin and also like my best friend. Because he and my father were also close, he said my father was also like a father to him. And now his father is like a father to me.
Kirsty	My aunty, she like went to the children's court and then she told them about this, so they told her she must first be my guardian, that's why she's going to.. like she already went to the social worker and she had to fill out a form.
Gen	My family, cos I was thinking, what if that had to happen to them.
Gen	Ah, that I care about my family. And that even though they upset me a lot but even if they were in such a situation, I would still care for them and make them as comfortable as possible, even though they dying.

Re-Authoring Conversations - Special Abilities: Caring for Others	
Participant	Meaning Unit
Kyle	...what can I do to make me and my friends safer? And then I told them that they should always walk in groups but you know how teenagers are, they don't like really take things to mind.

Michelle	I don't feel anymore guilty because I know understand that as I explained to you she started smoking from a young age and you can't stop that – that also made me feel to lose the guilt I felt of giving her the cigarettes.
Storm	I was like with my father, trying to help him but he said he's fine.
Storm	All I knew was that he was really in pain, there was nothing I could do, just talk with him.
Storm	I was trying to calm him and take his mind off what had happened.
Storm	But I picked up my brother and got him out.
Kyle	I felt like if it wasn't me, it would've been someone else. So.. I'm glad it was me.
Gen	I tried talking to her so she could go talk to someone, like social services.
Gen	I especially care for people who don't have friends. Cos I also at one point in my life didn't have any friends. So I feel for that person. Also, I wouldn't, like, say now that there's a rumour going around, I wouldn't like it. So I try, if there is one, then I try.. if someone comes up to me and tells me.. then I'm like no and stop them. And also, there must be someone who cares.
Gen	...it was just the way I was brought up. My mother used to be um.. but nowadays.. like when my parents were still together.. they used to care for people, like when people came to borrow money, then we would give them
Gen	So when I'm around people, I like it when people are happy, I don't like them being sad and stuff.
Gen	And I don't want her to feel like she's burdening me, I want to feel like she has someone to talk to about it.
Gen	I'm caring and I like to make people happy
Michelle	And just seeing her smoke her last cigarette, for her last time, that made me happy.
Michelle	But, it's also better for her because the pain is less. She can't suffer.
Michelle	Maybe to make her feel happy. Because she is so used to the cigarettes and taking it away from her wouldn't actually be nice.
Michelle	...it would just be wrong because she did it every day. Why do you want to take it away from her now? She's on her death bed...
Michelle	...me and my brother used to go a lot, to sleep over there.... just to like look after her because she was alone.

Re-Authored Conversations - Special Abilities: Standing Up for One's Self	
Participant	Meaning Unit
Kyle	I always thought I was the flight type, like I would run first, but just when it actually happened and I saw the knife, I just kind of didn't wanna die so I just tried to fight.

Gen	Ja, but I also don't think I'll take any drama from anybody, so um..
Gen	I'm a porcupine. And I go on my way and I don't cause any trouble, unless someone comes at me, then I'll then I won't let them.
Gen	I also don't take nonsense from anybody.
Michelle	I told myself I'm not gonna let their words, or whatever they tell me, I'm not gonna let them put me down. Because at the end of the day, I'm the one who's going more forward. At the end of the day, they won't get me where I want to be.
Michelle	So that confidence of standing up for myself, especially to bullies and stuff like that.

Re-Authored Conversations - Special Abilities: Keeping the Peace	
Participant	Meaning Unit
Kirsty	I don't want trouble.
Kirsty	Like sometimes I prefer not to confront my friends, like I just keep quiet and don't jump in.
Michelle	Sometimes I don't want to stand up to them because then it's going to be a fight, so I'm just ignoring them because... at the end of the day they will also feel bad... like... 'okay, she's ignoring me - so why am I doing this?'
Michelle	I'm not the person to keep grudges.

Re-Authored Conversations - Special Abilities: Opening Up to Others	
Participant	Meaning Unit
Storm	It (talking to cousin) actually helps a lot cos he like, he like knows what I'm going through, he talks every time, he doesn't let there be too long silence between us.
Gen	And then I started talking about my feelings, instead of keeping it in the whole time.
Michelle	I went to go cry to her when I felt bad, and she also did that to me. Ja, actually she was the only person who knew a lot of stuff about me.

Re-Authored Conversations - Special Abilities: Ways of Coping	
Participant	Meaning Unit
Storm	I dunno, it just took my mind off things. Especially rugby, it was my father's favourite sport.

Kyle	It's it's probably because I play games most of the time..and like it's just like in a situation where you feel like you'd want to be the player that you play as in the game, or the character as in the game... Going into that specific situation, you feel like you know it what to do...
Michelle	And I take it as a safe place because I like reading in my spare moments.
Michelle	And my school work, also took my mind, a little, off it.
Michelle	And when she passed away, everyone stayed home, except me. I came to school that Friday... I thought that just sitting there would keep my mind...
Michelle	...so I thought school would be a better place for me to ahh... get myself, my mind a little bit off.
Michelle	It's just who I am. I'm just someone that doesn't want to sit around and think about... if something like really bad happened, I will sit like... if my mother passed on, I would cry, I would cry for like just a few minutes, but crying for too long is going to keep you back in life. Like with my grandmother, I needed to go forward.

Re-Authoring Conversations - Special Abilities: Remembering the Deceased	
Participant	Meaning Unit
Storm	It (playing rugby) reminds me of the good, rather than the bad things that happened.
Kirsty	I was just staring at her pictures.
Kirsty	My aunt told me it will help get over it, cos she like made me a frame. So told me that if you look at the picture everyday, you will get over it.
Kirsty	...listening to her favourite music and dancing to it.
Kirsty	It (big teddy) makes me feel.. I feel warmer.
Kirsty	...when we would drive alone, then we would like stop at the McDonalds and buy French fries.
Michelle	I spoke a lot to my brother. All my cousins and I were sitting in my grandmother's room and we spoke aaaaaall the good memories of my grandmother... there was quite a few bad ones, not actually, I can only remember the good ones, like the jokes she made. And the time that we spent watching our soaps.

Re-Authored Conversations - Special Abilities: Making the Deceased Proud

Participant	Meaning Unit
Storm	This (footsteps) represents walking in my father's footsteps, that I wanna be just like him, I want to help my family.
Kirsty	She would be proud (big smile)
Kirsty	I have stuff to live for, like school work, like she would be proud of me to reach that university level and stuff. So I have stuff to live for.
Michelle	And my grandmother wouldn't want me to be sad or a sad person.
Michelle	Maybe because she was a person that wouldn't let things get to her.

Re-Authored Conversations - Perceptions of the Future (positive general)

Participant	Meaning Unit
Final Interview Michelle	I always had a bright future.
Kyle	I think it'll give me more chance.
Gen	I think far.
Gen	I think it's gonna be very bright, but there will be a few cloudy days, because everyone has those.

Re-Authored Conversations - Perceptions of the Future (academic goals)

Participant	Meaning Unit
Storm	I've been listening in class Katy.
Kirsty	I see my future now, after this, like I said I have something to live for now. I've studied – I've never done this before in my life, like studied two weeks before exams. I've started doing that now.
Gen	I wanna, I wanna be a clinical psychologist (smiling). But I thought that no, I'm not equipped to become a psychologist, but now I do.
Kirsty	Very good because I have stuff to live for, like school work, like she would be proud of me to reach that university level and stuff. So I have stuff to live for.
Gen	I think I'll pass the exams... well.

Re-Authored Conversations - Perceptions of the Future (personal development)

Participant	Meaning Unit
Kyle	it's just now I know I want to be safer

Storm	I just thought to myself that my father was my hero. And I wanna be just like him when I grow up.
Storm	I don't actually want anything to change, especially as a person.
Kyle	I think a lot. After that happened I had to think everything through, like twice over, and I don't do it.
Michelle	Probably very far. Because... If I don't let people get to me then it won't affect my work and what I want to do in life... my family...
Michelle	Maybeeee, maybe a lot actually, my attitude sometimes. But I try to help myself, I try to change a lot, my behaviour to tell the truth and especially when my grandmother passed away it started to get worse. I get angry quite a lot, especially at the educators, like yesterday, but actually I was not feeling well. But that's not the point. Maybe I will count to ten for my anger and um I will change my attitude towards even learners. And become a nicer person and if people want to help me, then I will let them help me because that's the best way of overcoming your fear or whatever... know what I mean?

Appendix S: Meaning Unit Tables – Reflections on the Process

Reflection on the Drawing Process - Negative Responses	
Participant	Meaning Unit
Storm	KT: So is it that you feel that you can't express yourself through drawings? Storm: Yes Katy
Storm	KT: And talking.. So um is there anything that you didn't like about the process, or that you thought didn't work so well? Storm: The drawing
Kyle	The fact that I had to kind of go back and think of what specific moment to draw, but.. and that's the only thing.
Kyle	I just didn't enjoy the drawing. It wasn't difficult.
Michelle	I would have preferred anything rather than drawing.
Storm	I can't really draw.
Michelle	Ahh I'm really not good at that.
Michelle	I really don't like drawing.
Michelle	I can't express what I want through drawing.
Michelle	but that's something specific, like a library, what you want me to draw is different...
Michelle	I would really like to but I can't...

Reflection on the Drawing Process - Preference for Talking	
Participant	Meaning Unit
Storm	KT: And um, I know that you first drew for me your safe place for me, your room. You didn't wanna draw the second one, cos you said you didn't know how – is it because you prefer to use words or..? Storm: Yes
Kirsty	Ja, um, words are better.
Kyle	Okay for me the, I didn't actually think that we were gonna do that – I thought we were just gonna speak like open, like a heart-to-heart with each other. But I didn't mind it, it's just I would prefer talking more.
Kyle	I prefer to talk.
Michelle	I would rather like it if we can talk about it.
Michelle	It's not about ready, I just can't express my thoughts on, I'm better with communication.

Reflection on the Drawing Process - Positive Responses	
Participant	Meaning Unit
Gen	It was nice. Especially like the drawing part.
Gen	I could express my emotions and like what happened.
Gen	KT: So, do you think you're normally inclined towards art? Is it something you normally enjoy doing? Gen: It is. I'm not good at it but I do enjoy it. Since I was young.
Gen	KT: Do you think that the drawing itself helped you talk about it? Gen: It did.
Gen	Ah.. I was nervous because I never usually talk about these things.
Gen	KT: So do you think that maybe you enjoyed the drawing part a lot because you're not somebody who normally speaks about these things and how you're feeling? Gen: Ja

Reflection on the Overall Process - (positive general)	
Participant	Meaning Unit
Storm	I've been better Katy.
Storm	Because I didn't think of it that much anymore, because I spoke to someone.
Storm	It was fun Katy.
Storm	I don't know Katy. It was just like easier after I spoke to you.
Kirsty	I felt good.
Kirsty	I do miss her, but not that much anymore, I feel like I'm passed that now.
Kirsty	Yes, just thank you for this because I feel better, and that there's been a big weight off my shoulders.
Gen	KT: Okay, was there anything that you found good about the process? Like what do you think worked? Gen: Um, the whole process actually.
Michelle	Actually, how can I say it now.. nice, it made me really like better than before we started with this process.
Kyle	I actually wanted this.

Reflection on the Overall Process - Self-Efficacy	
Participant	Meaning Unit
Storm	I didn't know what I did Katy. But now I know, I was brave and..
Gen	Maybe it's cos I'm older now, and I understand things better now and why people are the way they are.

Gen	Um, I feel better about myself now. I really felt, how do I say this, I really felt bad about myself, and I know that talking about it just reassured me.
Gen	I wanna, I wanna be a clinical psychologist (smiling). But I thought that no, I'm not equipped to become a psychologist, but now I do.
Michelle	it made me feel like I can accomplish anything if I want to do it.
Storm	I think that I'm a good person.
Kirsty	I don't need her clothing and her jewellery and stuff, I can just go on.
Kyle	I'm more proud. I don't care what people think of me or not as much anymore, and I kind of just do what I want to do, like I don't care what people say.
Kyle	I feel more confident
Gen	It was always at the back of my mind as a time of my life, but now that I think about it, I realised I learnt a lot.
Gen	My ahh, self-esteem, came up.
Gen	I think... I think I'm a nice person.
Michelle	It's just that I never had the chance to speak about this like this, like what I did to get through that period, and it makes me.. feel like I'm actually strong.
Michelle	It makes me.. gives me more confidence in myself and I really had a lot of confidence but there were a few moments that I was shy. But now it just gives me more. It just tells me that, as I said, I don't let things get me down, only sometimes but I will stand up to them so this can stop. So that confidence of standing up for myself, especially to bullies and stuff like that.
Michelle	That I'm capable of doing what I want to do...

Reflection on the Overall Process - Feelings of Release	
Participant	Meaning Unit
Kirsty	I found it, I feel open. Because I've seen a social worker before and I wasn't.. She didn't ask me questions like.. She was like very busy, she's wasn't like into that, she was very busy. I feel opened, free.
Kirsty	I felt awake, like I was awake.
Gen	Ah.. I was nervous because I never usually talk about these things. But I felt like I was... I felt like I was being set free.
Storm	This means I'm free (fish), in the ocean.
Kirsty	KT: How do you feel now that you've written this for me? Kirsty: Nice.. It's freeing
Gen	And this (pointing to the fish), it's just like free in a way but it also has a lot of responsibilities.

Reflection on the Overall Process - The Therapeutic Relationship	
Participant	Meaning Unit
Storm	And talking to you Katy.
Storm	Ah, will you be coming back Katy?
Kirsty	Because I've seen a social worker before and I wasn't.. She didn't ask me questions like.. She was like very busy, she's wasn't like into that, she was very busy.
Gen	I dunno, just talking about my feelings and stuff and being able to explain it properly without making a like loooong story about it.
Michelle	Because I actually spoke to someone about how I feel, felt, about what happened with my grandmother and I never went actually, how can I say it.. so deep.
Michelle	Yes because you're not like, you're actually like calm and you don't want to.. you take your own time. And you make sure that.. It was like, how can I say, it made me feel better and comfortable.